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## PART FIRST.

## ORIGINAL COMMUNICATIONS.

ART. I.—*Amputation at the Large Joints. Statistics of Amputations at the Shoulder and Elbow Joints.* By STEPHEN SMITH, M. D.

### AMPUTATION AT THE SHOULDER-JOINT.

THE earliest notice of disarticulation of the arm at the shoulder-joint is by Larocque. He relates the following as having occurred in the year 1686, for gangrene of the limb. "The surgeon had taken a small saw to amputate the humerus, but perceiving that it was loose in its articulation with the shoulder, he drew on it with some force, and the bone came out of its socket: after which the boy recovered quickly."* The idea of this operation seems afterwards to have occurred to surgeons, but the fear of hemorrhage and the dangers of opening large joints, deterred them from practising it. There are some evidences that the elder Morand

* *Jour. de Méd.* 1686, *and Cyclop. of Pract. Surg. Art., Amput.*

was the first surgeon who amputated at this articulation, and the best authorities are disposed to acknowledge his claim to this merit.*

H. F. Le Dran, however, accords priority in the performance of this operation to his distinguished father,† among whose manuscripts he found notes of a case which afterwards was published in his *Obs. de Chir.* t. i. p. 315. If Le Dran was not the first operator, he was unquestionably the first who made a record of his case, and the first the history of whose operation was published.

From the date of this operation, which was performed in the early part of the 18th century, amputation at the shoulder-joint began to be frequently repeated. The question of its propriety in certain instances soon came to be admitted, and the best method of performing it was the subject of earnest discussion. The French, who were the first to introduce this operation, were also its most ardent and successful cultivators. The method proposed by La Faye in his paper on Amputation at the Shoulder-Joint, read before the *Royal Academy of Surgery, Paris*, as early as 1740, is still considered, under ordinary circumstances, preferable to any one of the infinite number which have since been devised. And still earlier than La Faye, Garèngeot, whose Surgery was published about 1720, a few years after Le Dran's operation, proposed a method which still has its advocates. The wars on the continent and the military expeditions abroad, in which the French nation was actively engaged during the latter part of the 18th and the beginning of the 19th centuries, gave their surgeons abundant opportunities to practise every species of amputation. Nor did they fail to improve them. The removal of the arm at the shoulder-joint received its share of attention. By far the most distinguished operator, both for the frequency

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* SABATIER *Méd. Operat.*

† SABATIER (*Méd. Operat.*) remarks that Le Dran does not state that this operation was a new one and first practised by his father. Le Dran, however, does claim the distinction of the first operation for his father in his *Traité de Op. Chir. &c.*, (*Operations in Surgery, &c.*,) Translated by THOMAS GATAKER, Surg., London, 1749.

and success of his amputations, was the Baron Larrey. In the campaign in Egypt he disarticulated the arm at the shoulder-joint sixteen times, and only two of these cases proved fatal. At the battles of Wagram and Essling he operated fourteen times, and again lost but two cases. Subsequently he has stated in his "Memoirs of Military Surgery," that he had performed this operation upwards of an hundred times, and of this number ninety were successful. This statement might appear incredible did we not have evidence in several instances, proving the comparative safety of the operation in military practice when performed immediately after the accident. Thus Mr. Guthrie in his "Treatise on Gunshot Wounds," notices that in the division of the army engaged in the siege of St. Sebastian, twelve amputations at the shoulder-joint were performed, all of which were successful.

In Great Britain this operation has been practised from an early date, and British surgeons have not failed to add largely to the sum of methods of accomplishing the amputation. Among the earliest writers on this subject Bromfield and Alanson are the most conspicuous, both of whom modified the French methods of operating. The British like the French surgeons have had frequent opportunities of amputating at the shoulder-joint, in their military campaigns. Prominent among their army surgeons is Mr. Guthrie, whose admirable work above referred to, contains an elaborate section on this operation. From it we learn that he disarticulated the arm fourteen times, and eleven of these cases were successful. In their medical periodicals reported cases occur with considerable frequency, but it is not presumed that they afford any criterion of the actual frequency or success of this operation. Mr. South* does not think amputation at the shoulder-joint is very frequently needed, "as it appears from Liston's reported cases, he had but one in University College Hospital during five years, and myself only one in six years at St. Thomas's, both secondary to accident, and both recovered." This, however, is not a fair inference, for we have notes of four cases

* SOUTH'S CHELIUS, Vol. III.

occurring in the London hospitals during the last year and a half.

The earliest operation in this country was performed in the year 1781, by Dr. John Warren of Boston, at the Military Hospital. His case was successful, but we have no details of the operation or the disease for which it was undertaken. In the following year Dr. Bayley, of this city, amputated at the shoulder-joint successfully. This has been claimed as the first operation in this country, but it was anticipated upwards of a year by the preceding case. Dr. Williams in his *Address before the Franklin Medical Society*,* remarks that he has been "told that the late Dr. Josiah Goodhue, of Hadley, Mass., was the first American Surgeon who successfully performed this operation." No dates are given in proof of this assertion, and as Dr. Goodhue had but just attained his majority at the period of Dr. Warren's operation, we must consider it quite improbable that he attempted so important an exercise of an art, in which he afterwards, however, so eminently excelled.

Previously to 1800, we are not aware that this operation was repeated in this country, certainly no instance was placed on record. Subsequently to this date it became much more frequent. Dr. Amasa Trowbridge operated three times, first in 1809; Dr. Gibson operated twice successfully, first in 1812. From this time recorded cases occur with considerable frequency in medical periodicals, and it is probable that an equal number remains unrecorded. The late Dr. M'Clellan, of Philadelphia, is said to have disarticulated the arm six times successfully. This is the greatest number of amputations at the shoulder-joint reported to have been performed by any one surgeon in this country.

Of the comparative success of this operation in the several countries above alluded to, we have no accurate means of judging. Taking the reports of their hospitals, as far as can

* *Notice of some of the Medical Improvements and Discoveries of the last half century, and more particularly in the United States of America; New-York Journal of Medicine, &c.*, March, 1852. See also *Medical Biography*, by STEPHEN W. WILLIAMS, M. D.

be obtained, as the basis of comparison, the following is the result.

*Comparative results of Amputations performed at the Shoulder-Joint in France, Great Britain, and America.*

| | Whole Number. | Died. | Average Mortality. | Per cent. |
|---|---|---|---|---|
| France..... | 18 | 13 | 1 to 1.38 | $72\frac{2}{9}$ |
| Great Britain..... | 28 | 11 | 1 to 2.55 | $39\frac{1}{14}$ |
| America..... | 15 | 8 | 1 to 1.87 | $53\frac{1}{3}$ |

According to this table it would appear that in hospital practice by far the greatest mortality occurs in France, and the least in Great Britain. The statistics in this country are principally derived from the practice of the New York Hospital, which down to 1851, embraced thirteen operations, seven of which were fatal, giving a percentage of mortality as noticed in the table. The results not being changed by the addition of the remaining cases.

At the conclusion of this article will be found a table which embraces, as far as we are able to complete the collection, all the published cases of amputation at the shoulder-joint in this country. We present these statistics with no intention of illustrating any point connected with the operation, but merely as an exhibit of this branch of operative surgery in this country. It may be objected that these tables contain perhaps not a majority of the actual operations performed by American surgeons, and are therefore unreliable even for that purpose. We are satisfied, however, from a somewhat extended examination, that the results of this operation in this country and Great Britain do not differ materially from this collection. The statistics of American and British hospitals, which are better adapted for comparisons, confirm this opinion.

Amputation at the shoulder-joint has been an operation of unquestioned propriety in certain circumstances, for upwards of a century, and during this period of frequent occurrence in both civil and military practice. Writers generally speak of it as an operation easy of execution, and ordinarily success-

ful. Sir Astley Cooper remarks; "In every instance in which I have performed the amputation through this joint, and every case in which I have seen it done, the recovery of the patient has been speedy and perfect." Mr. Guthrie considers it less dangerous than amputation of the thigh. He remarks that: "It has been hitherto supposed that five out of six recover; but this mode of judging is not perfectly fair, for, if in thirty cases three or four fatal ones, that were performed under unfavorable circumstances, be added to the general average, it will be perhaps less successful; but my opinion is, that if all were fair cases, the success would be infinitely greater. In my own practice, and under my own immediate observation, it has been one-sixth; but the relation of the fatal cases will diminish the proportion considerably, and leave it rather one-twelfth; for the third case related is the only one that can fairly be attributed to the operation." *

The distinction which is here made between favorable and unfavorable cases is just, and ought always to be taken into consideration, in forming an opinion as to the actual mortality of any operation. By taking amputations in the gross, many unsuccessful cases will necessarily be attributed to the operation which would have proved fatal from the nature of the accident. But in comparing the different kinds of amputations with each other, as correct results can be obtained by taking the aggregate, as by any other method of comparison. Estimated in this manner, it is questionable whether amputation at the shoulder-joint is entitled to that degree of confidence in its safety, which many have expressed. The following table, compiled principally from Mr. Fenwick's very elaborate *Report on the Surgical Operations performed at the New Castle-upon-Tyne Infirmary*,† exhibits at a glance the comparative mortality of amputation of the arm, thigh and at the shoulder-joint in the same hospitals.

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* *Treatise on Gunshot Wounds, by* G. J. GUTHRIE, F. R. S. Third Edition, London 1827.

† *Edinburgh Monthly Journal*, 1847.

*Comparative results of Amputations at the Shoulder-Joint, of the Arm, and the Thigh.*

| HOSPITALS. | SHOULDER-JOINT. | | | ARM. | | | THIGH. | | |
|---|---|---|---|---|---|---|---|---|---|
| | Whole No. | Died. | Aver. Mort. | Whole No. | Died. | Aver. Mort. | Whole No. | Died. | Aver. Mort. |
| Liverpool North'n Hospital, | 2 | 1 | 2 | 17 | 4 | 4.25 | 29 | 4 | 7.25 |
| Edinburgh Infirmary,..... | 3 | 2 | 1.5 | 1 | .... | .... | 25 | 11 | 2.27 |
| Glasgow Infirmary,..... | 6 | 3 | 2 | 53 | 21 | 2.52 | 128 | 46 | 2.78 |
| " " | 8 | 3 | 2.66 | 16 | 5 | 3.2 | 50 | 18 | 2.77 |
| Royal Berks Hospital,..... | 3 | 0 | 0in 3 | 4 | 0 | 0in 4 | 12 | 5 | 2.47 |
| Malgaigne,..... | 14 | 11 | 1.27 | 91 | 41 | 2.24 | 201 | 126 | 1.5 |
| University Coll'ge Hospital, | 1 | .... | .... | 8 | 2 | 4 | .... | .... | .... |
| Lyons Military Hospital,.. | 2 | 1 | 2 | 7 | 6 | 1.16 | 4 | 3 | 1.33 |
| Paris " " | 2 | 1 | 2 | 4 | 2 | 2 | 5 | 1 | 5 |
| Newcastle Infirmary,..... | 5 | 2 | 2.5 | .... | .... | .... | .... | .... | .... |
| Mr. Alcock,..... | 10 | 2 | 5 | 38 | 19 | 2 | 43 | 27 | 1.57 |
| Mass. & Penn. Hospitals,.. | 2 | 1 | 2 | 15 | 2 | 7.5 | 50 | 15 | 3.33 |
| *N. Y. Hospital,..... | 9 | 4 | 2.25 | 11 | 0 | 0in 11 | 34 | 10 | 3.4 |
| †N. Y. Hospital,..... | 4 | 3 | 1.33 | 10 | 1 | .1 | 17 | 13 | 1.30 |
| Total. | 71 | 34 | 2,09 | 275 | 103 | 2.67 | 598 | 279 | 2.14 |

From this table it appears that, compared with amputations of the arm and thigh in the same hospitals, amputation at the shoulder-joint is generally more fatal. From an extended examination of the subject, we are satisfied that the same rule is true in private practice, both at home and abroad. There is one fact in regard to the safety of this operation to which we have already alluded, and to which we may again recur in this connection. We refer to the advantages of the primary over the secondary operations at this articulation, in military practice. This is well illustrated by the following tables from Mr. Guthrie's work on *Gunshot Wounds*, which contain all the cases of amputation at the shoulder-joint, performed in the army of the Duke of Wellington for a period

* *Statistics of Amputations in the New-York Hospital. By* W. H. BUEL, M. D. *Am. Jour. Med. Sci.* 1848.

† *Statistics of Operations performed in the New-York Hospital. By* F. D. LENTE, M. D. *Transactions of American Medical Association*, 1851.

of six months. The first table embraces those operations performed in the several hospitals, and are consequently secondary in their character: the second table indicates those amputations which were performed on the field of battle. The number of operations was the same in both cases, but the results exhibit a most marked discrepancy.

*Results of Secondary Amputations at the Shoulder-Joint.*

| General Hospitals. | Number of operations performed. | Died. | Cured or out of danger. |
|---|---|---|---|
| Vittoria..... | 13 | 10 | 3 |
| Bilboa..... | 5 | 5 | 0 |
| Passages..... | 1 | 0 | 1 |
| Total, | 19 | 15 | 4 |

*Results of Primary Amputations at the Shoulder-Joint.*

| Divisions of the Army. | Number of operations performed. | Died. | Cured. | Transferred, but considered out of danger. |
|---|---|---|---|---|
| 1st..... | 3 | 0 | 2 | 1 |
| 2d..... | 1 | 0 | 1 | 0 |
| 3d..... | 1 | 0 | 1 | 0 |
| 5th..... | 12 | 0 | 12 | 0 |
| 6th..... | 1 | 1 | 0 | 0 |
| Light..... | 1 | 0 | 0 | 1 |
| Total, | 19 | 1 | 16 | 2 |

The rule which these tables establish in regard to the importance of primary amputations at this articulation in military practice, is equally applicable in civil practice.

The methods of performing amputation at the shoulder-joint are very numerous, and vary from the simple adaptation of the torn and lacerated parts, consequent upon the accident, to the most accurately and carefully adjusted flaps. The original operation of Le Dran we shall give in his own language. The disease in this instance was exostosis with caries of the humerus, involving the upper portion of the bone. The fol-

lowing is his description of the method of operating: "I began by passing a straight needle, threaded with a strong thread, well waxed, passing the point of it close to the bone, from the anterior part of the arm to the posterior, as near the armpit as possible, with which ligature I embraced the vessels, all the flesh and the skin that covered it. I placed a small compress under the knot, and tied it as fast as I could. I judged by the pulse that the vessels were secured; then with a straight knife I cut the skin, with the *musculus deltoides*, transversely to the very articulation, from whence I took off all the ligaments surrounding it. The articulation being discovered as much as I possibly could, and as much as was necessary, Mr. Arnaud, who held the arm, forced the head of the humerus from its articulation with the scapula, by pressing it upwards, which afforded me room to slide my knife between the bone and the flesh. I directed it from above downwards, always keeping the edge inclining to the bone; then gradually descending, I separated all that intervened the edge of my knife, till I came below that part where I had made a ligature of the vessels; afterwards, I finished the operation by cutting through the remaining part of the flesh and the skin. This being done, as a large piece of useless flesh remained, I made a fresh ligature with a crooked needle, as high towards the armpits as I possibly could, taking in flesh enough at the same time, and then cut off the superfluous flesh below where the first was made, which was become useless by the second. The artery at the superior part of the arm furnished very little blood, and nothing more was wanting than dry lint and astringent powder to stop it."* This patient was cured in ten weeks, and the cicatrix did not exceed an inch in extent. The earliest modification of this plan was by Garèngeot, who recommended a curved needle with sharp edges, and made the transverse incision three fingers breadth below the acromion. The next improvement was by La Faye, who made upper and under flaps, and compressed the artery in the flap, instead of previously ligating it. This method of control-

* *Observations in Surgery, by* H. F. LE DRAN. *Translated by* J. S., *Surgeon*. London: 1758.

ling the artery was proposed by the younger Le Dran.* Still later, Bromfield compressed the artery above the clavicle upon the first rib. This was a most important improvement, and is yet a common practice. Dahl, of Göttingen, published a paper on amputation at the shoulder-joint, in 1760, in which he proposed the use of a tourniquet having a pad adapted for the compression of the subclavian artery in the axilla. This method of controlling the artery had nothing to recommend it above others then in use, and met with no favor.

Amputation at this articulation may be effected by the *flap*, the *circular*, or the *oval* cut. The former method is almost universally practised in some of its modifications. Moraud performed the circular operation; and, subsequently, Sharp and Alanson modified it unessentially. Scoutetten, always the advocate of the oval method, adapts it to the shoulder; Dupuytren and Beclard operated by a somewhat similar cut.

But we do not, at present, design to notice these various methods of performing the operation and the improvements which have at different periods been made, further than to indicate the part borne by American surgery. By reference to the tables which follow, it will be seen that no single method of operating has been exclusively pursued in this country. In many instances the nature of the accident has compelled the surgeon to avoid all the usual methods, and adapt his operation to the circumstances of the case. We may say, however, that in general the double flap operation is adopted, the flaps being external and internal, or made from the deltoid and the internal aspect of the arm. The artery is usually controlled by compression applied above the clavicle, though by no means universally. This method, we may add, is that generally pursued by English surgeons. We are not aware that any important modification has been proposed by American surgeons.

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* A writer in the *Cyclopedia of Pract. Surg.* was not aware of this fact, and remarks that it was mentioned by certain authors about the middle of the 18th century.

*Results of Amputation at the Shoulder-Joint in the New York Hospital, from January 1st, 1839, to January 1st, 1850.**

| Sex. | Age. | Disease or Accident. | Admission. | Operation. | Result. | Death or Discharged. |
|---|---|---|---|---|---|---|
| 1 M. | 19 | Laceration of arm by gunshot, | Oct. 5, 1839 | Oct. 5, 1839 | Cured | Jan. 4, 1840 |
| 2 M. | 37 | Burn from sleeve taking fire, | Nov. 21, 1840 | Nov. 21, 1840 | Cured | Feb. 2, 1841 |
| 3 M. | 23 | Burn, five months, | July 21, 1841 | Oct. 30, 1841 | Cured | Dec. 11, 1841 |
| 4 F. | 30 | Burn, | Dec. 25, 1841 | Jan. 17, 1842 | Cured | June 10, 1842 |
| 5 M. | 21 | Arm torn off in falling from a height, | Aug. 14, 1844 | Aug. 14, 1844 | Cured | Dec. 30, 1844 |
| 6 F. | 4 | Burn, arm sphacelous, | Jan. 30, 1845 | Jan. 31, 1845 | Died | Feb. 28, 1845 |
| 7 M. | 32 | Arm torn to shreds in machinery, | April 7, 1846 | April 7, 1846 | Died† | April 16, 1846 |
| 8 F. | 70 | Burn, | Dec. 11, 1846 | Dec. 15, 1846 | Died | Dec. 17, 1846 |
| 9 M. | 34 | Comminuted fracture of os brachii, gangrene, | April 12, 1847 | April 17, 1847 | Died† | April 24, 1847 |
| 10 M. | 22 | Compound comminuted fracture of os brachii, | Sept. 10, 1848 | Sept. 10, 1848 | Died | Sept. 20, 1848 |
| 11 M. | 34 | Gunshot—Compound fracture of os brachii. | May 11, 1849 | May 11, 1849 | Died | May 21, 1849 |
| 12 M. | 38 | Caries of elbow-joint, | Nov. 3, 1849 | Jan. 7, 1850 | Cured | June 7, 1850 |
| 13 M. | 40 | Phlegmonous erysipelas of arm, | Dec. 7, 1850 | Dec. 19, 1850 | Died | Dec. 28, 1850 |

* See Drs. BUEL's and LENTE's Statistics, referred to on a previous page. † Tetanus.

The following table embraces all the recorded cases of amputation at the shoulder-joint in this country, as far as we have been able to ascertain:

| SEX. | AGE. | DISEASE OR ACCIDENT. | SYMPTOMS AND CONDITION. | RESULT. |
|---|---|---|---|---|
| 1. M. | | . . . . . | . . . . . | Cured. |
| 2. | | . . . . . | . . . . . | Cured. |
| 3. M. | | Gunshot wound at the battle of Stony Creek. | Suppuration, hectic and emaciation. | Died 5 weeks after operation. |
| 4. M. | | Fungus hæmatodes, involving whole right arm. | Tumor twenty-six inches in circumference. | Cured. |
| 5. | | Fungus hæmatodes near shoulder. | . . . . . | Cured. |
| 6. M. | | Arm nearly torn off by machinery. | Joint torn open; clavicle separated from scapula. | Cured. |
| 7. M. | 45 | Bite of a snake followed by application of a ligature to arm so tight as to cause gangrene. | Ligature remained twenty-three hours; arm cold, insensible; no pain or fever; no pulse or flow of blood on incision, but evidences of complete mortification. | Cured at end of 3 months. |
| 8. M. | 29 | Compound fracture of hand, arm and fore-arm by machinery. | Bones broken into many pieces, humerus fractured three times, brachial artery divided and laid bare to axilla, hemorrhage free, integuments torn from chest and neck, head of humerus dislocated. | Died on 2d day. |
| 9. M. | | Arm crushed by being drawn between rollers. | . . . . . | Cured. |
| 10. M | 13 | Traumatic aneurism. | . . . . . | . . . . |
| 11. M. | | Severe injury to arm from a blast. | Vessels and nerves destroyed; bone not broken but laid bare; severe hemorrhage; hands much injured; great prostration; arm tumefied. On following day no sensibility in fore-arm and hand; crackled under pressure; all the appearances of gangrene present. | Died same day of operation. |
| 12. M. | 25 | Arm crushed by being drawn between wheels. | Arm a crushed mass; received many other severe injuries; suffered great pain. | Cured. |
| 13. M. | 21 | Gunshot wound. | . . . . . | Died in six hours after operation. |

| OPERATION. | REMARKS. | AUTHORITY. |
|---|---|---|
| . . . . . | This was the first case in this country; operation performed in Boston Military Hospital by Dr. John Warren. | Dr. E. WARREN. *Boston. Med. and Surg. Jour.*, 1839. |
| . . . . . | . . . . . | Dr. BAYLEY. *Am. Med. Biog.*, vol. ii., 1828, by J. THACHER, M.D. |
| Made two incisions, extending from acromion to axilla anteriorly and posteriorly to exclude diseased integument. | All symptoms improved, and at the end of four weeks was reported convalescent; "caught cold," severe symptoms returned, and he died. | Dr. WHITBRIDGE. *New England Jour. of Med. and Surg.*, vol. iii. |
| Tied sub-clavian artery; made vertical incision from top of shoulder to axilla to exclude diseased integument. | Wound healed kindly, six months after operation was well; slight ulcers affected cicatrix; died suddenly about same time; stump in good condition. | Dr. BOWEN. *New England Jour. of Med. and Surg.* vol. iii. |
| Compressed artery; dissected up integument from external part of shoulder, and dislocated. | . . . . . | Dr. DORSEY. *Elements of Surgery*, vol. ii., 1818. |
| Adjusted the flaps made by the accident. | . . . . . | Dr. HUBBARD. *N. Y. Med. Repos.*, vol. vii. |
| Compressed artery with a key; external and internal flaps; ligature separated on 7th day. | Healed by granulations; arm entirely mortified. | Dr. WAGNER. *N. Y. Med. and Phys. Jour.* vol. v. |
| Made such flaps as circumstances would allow; artery compressed above clavicle. | Operated as soon as reaction came on; bore operation well, but never entirely recovered from shock; sunk and died. Operation performed by Dr. Randolph. | Dr. H. H. SMITH. *Phila. Medical Examiner*, vol. i, No. 10. |
| First tied axillary artery. | . . . . . | Dr. LEWIS. *Bost. Med. and Surg. Jour.*, 1839. |
| . . . . . | . . . . . | Dr. WALKER. *Bost. Med. and Surg. Jour.*, 1839. |
| First ligated the artery and vein; made incisions anteriorly and posteriorly from acromion to axilla. | Bore operation well; lost two ounces of blood; wound left exposed to air for some time; continued to decline, and died same evening. | Dr. HORNER. *Phila. Med. Examiner*, 1840. |
| Compressed artery. | Operation immediately after injury; but little hemorrhage followed accident. | Dr. TELLKAMPF. *West. Jour. of Med. and Surg.*, vol. vii. |
| External and internal flaps. | Operation on second day. | Dr. BOLING. *West. Jour. of Med. and Surg.*, vol. xiii. |

| SEX. | AGE. | DISEASE OR ACCIDENT. | SYMPTOMS AND CONDITION. | RESULT. |
|---|---|---|---|---|
| 14. M. | | Gunshot wound of right arm. | . . . . . | Died on 13th day. |
| 15. M. | 12 | Compound comminuted fracture of arm by machinery. | Extensive laceration of soft parts. | Cured in two months. |
| 16. M. | 43 | Compound comminuted fracture of arm by passage of rail-cars. | Humerus crushed nearly to its head, with severe laceration of soft parts; collapsed when first seen. | Cured. |
| 17. M. | 11 | Gunshot wound of shoulder. | Bone nearly severed; hand numb and cold. | Cured. |
| 18. M. | 8 | Compound comminuted fracture from a fall six months previously to the operation. | Fistulas formed, discharge of matter profuse, separation of bone; emaciation and prostration. | Cured. |
| 19. M. | 50 | Necrosis of humerus from capsular ligament half its length. | Bone separating into two portions. | Cured. |
| 20. M. | | Gunshot wound of arm. | Humerus shattered as high as the shoulder-joint. | Cured. |
| 21. M. | | Gunshot wound o f fore-arm and arm, destroying brachial artery and nerves. | Muscles of fore-arm severely lacerated, exposing both bones; wound of arm four inches in extent; lost large quantity of blood; taken 40 miles; face pale, features pinched, restless, fore-arm cold, livid and pulseless, arm discolored, gangrene rapidly advancing, making it difficult to get sound skin for amputation at joint; refused operation for a day; gangrene more marked. | Died on fifth day. |
| 22. M. | 28 | Arm run over by four wheels of rail-cars from hand to shoulder. | At point of injury nearest shoulder parts wholly severed except skin and axillary artery; whole arm crushed. | Cured. |
| 23. M. | 30 | Malignant tumor of arm of seven months' standing. | Began as a small hard lump under the skin at insertion of deltoid; now extends upward, and raising the brachial vessels and nerves, and encircling the arm. | Cured; well at the end of 9 months. |

| OPERATION | REMARKS. | AUTHORITY. |
|---|---|---|
| Tied subclavian artery; flap made from deltoid. | Progressed favorably twelve days, then had hemorrhage, which was checked by compression, caustic &c.; recurred after drinking brandy freely; appeared to have a hemorrhagic diathesis. | Dr. PINKNEY. *Am. Jour. Med. Sci.*, 1845. |
| Made flap from deltoid. | Convalesced with no bad symptoms. | Dr. PEACE. *Am. Jour. Med. Sci.*, 1849. |
| Compressed artery on rib with a key, flap of deltoid; hemorrhage from slipping of key on patient's moving. | Free suppuration; water dressings employed; ligature separated on 20th day; operation performed as soon as reaction came on. | Dr. FOX. *Am. Jour. Med. Sci.*, 1849. |
| Gave ch oroform; compressed artery; flaps short from destruction of deltoid. | Patient sat up on 4th day, and left on the 7th; health re-established. | Dr. EVE. *South. Med. and Surg. Jour.*, 1848. |
| Gave chloroform; flaps formed according to circumstances; anchylosis; dissected head of humerus from socket. | Bone necrosed and sequestra formed; recovery prompt; left for home at end of a week. | Dr. EVE. *South. Med. and Surg. Jour.*, 1849. |
| . . . . . | Operated three months after commencement of disease. | Dr. PARSONS. *Am. Jour. Med. Sci.*, 1848. |
| Operated according to Velpeau's method. | Was able to get up in a week and walk about; was attacked with sudden hemorrhage at night, which was controlled by pressure; did well for two days, when hemorrhage again recurred, and was again checked by compression. | Dr. TRIPLER. *N. Y. Jour. of Med.*, viii, N. S. |
| External and internal flaps, according to Lisfranc; operation fifty hours after injury. | No contraction of muscles, pus oozed from wound; passed a quiet night; on third day no appearance of adhesion of wound, edges swollen puffy and livid; gangrene attacked it, and extended rapidly to the trunk. | Dr. MAY. *Am. Jour. Med. Sci.*, 1851. |
| Tied axillary artery as it lay exposed in the wound. | Circumflex artery bled very freely, but was controlled by pressure below clavicle; blanched by hemorrhage, wound healed kindly. | Dr. F. H. HAMILTON, *Buff. Med. Jour.*, vol. vi. |
| Inhaled ether; tumor found to be carcinomatous; artery compressed; anterior and posterior flaps. | Anterior flap made from without inwards with a scalpel, in order to avoid the tumor, and to make a more regular wound: continued well nine months when last seen. | Dr. J. M. WARREN. *Am. Jour. Med. Sci.*, 1351. |

| SEX. | AGE. | DISEASE OR ACCIDENT. | SYMPTOMS AND CONDITION. | RESULT. |
|---|---|---|---|---|
| 24. M. | 32 | Arm drawn between two wheels having cogs. | Hand crushed, bones of fore-arm not broken, humerus comminuted; finger could be passed up to joint along the course of the brachial artery. | Cured. |
| 25. M. | 35 | Malignant tumor of humerus. | . . . . . | Cured. |
| 26. M. | 28 | Arm crushed by a rail-car. | At end of fifteen days arm was found swollen, and boggy up to the shoulder. | Cured. |

*Summary of cases embraced in the foregoing Tables.* Whole number of operations 39, of which 13 were fatal and 1 doubtful; being a mortality of upwards of 33 per cent. Of the fatal cases 7 occurred in the New-York Hospital, being a mortality of all the cases occurring in that institution of upwards of 53 per cent, the remaining fatal cases give a mortality of 24 per cent. In 10 of the fatal cases the cause was traumatic, and of these the operation was secondary 6 times; primary 3 times; not given, 1. Of those cured, the cause was traumatic in 13 cases, and of these 4 were primary amputations; 1 secondary; 8 not given. In 7 cases anæsthetics were used, of which one was fatal. No further summary can be made which would be useful.

## AMPUTATION AT THE ELBOW-JOINT.

We have previously noticed the fact that it was the practice of early surgeons to amputate gangrenous limbs at the joints, when the disease had extended sufficiently to involve the articulation. By thus delaying their operations, it often happened to them to witness the spontaneous amputation of limbs at the joints. Hippocrates and subsequent authors mention the separation of the leg at the knee, and of the arm at the elbow-joint, and add that in these cases patients rapidly

| OPERATION. | REMARKS. | AUTHORITY. |
|---|---|---|
| Anterior and posterior flaps. | So little sound bone was left that it was difficult to disarticulate. | Dr. J. M. WARREN. *Am. Jour. Med. Sci.*, 1851. |
| . . . . . | Disease returned; has since removed a portion of the scapula—is now apparently well. | Dr. F. H. HAMILTON. Comm. by Operator. |
| Tied axillary artery; external and internal flaps; seven arteries ligated; flaps not approximated in an hour; chloroform administered. | Union by first intention; on 21st day four ligatures came away, the last one remained two weeks longer; humerus fractured into nine pieces. | Dr. BRYAN. *Philadelphia Lancet*, vol. i. |

recover. Cattier * alludes to a nun who refused amputation through the living parts, and the forearms were afterwards detached at the elbow-joint, and she recovered. A girl presented herself to the Academy of Sciences, Paris, bearing her two forearms, which had spontaneously separated at the elbow-joint.

The history of amputation at the elbow-joint is very brief. As of amputation at the articulations formerly considered, the French not only introduced this operation, but have repeated it the most frequently. It has never met with any thing like general favor, however, either in France or other countries. The first operator was Ambrose Parè, whose case was published in his surgical works, in 1580. We shall introduce this case as recorded by himself, partly on account of its standing as the first operation of the kind, but principally for the complications which occurred and the method of treatment pursued. Since the time of Parè, this operation has found little support among French surgeons: Dupuytren indeed is the only one who has thought sufficiently well of it to put it to the test of successive experiments. His success was such as to lead him to adopt and recommend it. Textor, in Germany, has also operated with success. Among the records of British surgery we have

* MOTT'S *Velpeau*, Vol. II.

searched in vain for an instance of this operation. Mr. Liston remarks ("*A Course of Lectures on Operations in Surgery*," London Lancet, 1845), in alluding to amputation at this joint, "I have had occasion to amputute here more than once, and, as I have before told you, there is no objection to it. The soft parts heal over a secretory surface just as rapidly as they do over a sawed bone." From this quotation it would appear that disarticulation at the forearm has been practised by British surgeons, but from the general silence of their writers in regard to it, doubtless it is an operation rarely performed.

From the medical periodicals of this country we are able to collect two cases, and as far as our knowledge of this subject extends these are the only instances in which it has been performed by American surgeons. Both cases were entirely successful, and the surgeons in each instance expressed an unqualified opinion in favor of the operation. The first operator was Dr. James Mann, of Connecticut, an eminent army surgeon in the war of 1812. The operation was performed in this case in 1821. It was subsequently performed by the late Dr. J. K. Rodgers of this city, in 1827.*

In regard to the safety of amputation at the elbow-joint, so far as the record of this operation extends, no case has yet proved fatal. While amputation at the shoulder-joint is always a thing of necessity,—the alternative being death,—the elbow-joint is always a point of election for the same operation. In determining the question of the propriety of amputation at this articulation then, we must exclude the dangers arising from opening the joint, except perhaps from tetanus, and rest its decision upon the character of the stump which will be formed in this situation. We can offer no better evidence on this point than the testimony of those who have performed the operation, and who of consequence are the most competent judges.

Dr. Rodgers remarks of his case: "I have several times

* Dr. Reese, in his very comprehensive notes to Cooper's Surgical Dictionary (*Art. Amput. in Appendix*), remarks that Dr. Rodgers has twice performed this amputation. We are unable, however, to obtain the record of but the single case which follows.

seen this man since he has returned to labor, and am convinced that the stump is far more useful to him, than if the arm had been amputated at the usual place."

Dr. Mann holds the following language: "From the favorable termination of the above case, (the cure being effected in four weeks,) there is the fullest conviction on my mind, that no substantial objection to the joint operation can exist, that is not overbalanced by the advantages accruing therefrom. This operation, it is true, is not as simple as to saw the bone above the joint, for it is expected a greater number of inosculating branches of arteries are to be secured by ligature; a larger portion of teguments than when the bone is divided above the joint, must be saved, some allowance being made for their retraction. But the stump of the arm amputated at the joint is not so tender as when the bone is sawed; it has greater powers from muscles saved, consequently is of more use."

The writer of the article *Amputation* in the *Cyclopedia of Practical Surgery*, who takes very decided grounds against amputations through the articulations in general, thus remarks of this operation: "The objection to amputating in an extensive articulation, and the difficulty attaching to the performance of the operation, are deemed, very generally, a sufficient reason for preferring the amputation in the continuity of the lower third of the humerus, to the ablation of the forearm, by penetrating into the joint. Setting, however, these considerations aside, we are ready to acknowledge that it is a great advantage to save the lower third of the humerus; and that the operation has been attended with a fair average of success."

Dupuytren, who performed this operation eleven or twelve times with success, approved of it: Velpeau "considers it advisable wherever the bones are diseased to the extent of an inch or two from the joint." He also regards it as a less dangerous operation than amputation of the arm, and not as difficult as has been supposed.* The decidedly favorable opinion

* MOTT's *Velpeau*, Vol. II.

of Mr. Liston, who has performed this operation "more than once," we have already quoted.

From the invariable success which has attended this amputation, and the uniformly favorable opinion which has been expressed by those who have practised it, it is fair to conclude that when the point of election rests between the elbow-joint and the arm, the former should be preferred. If the history of any operation teaches correct practice, in respect to that operation, we do not speak too confidently in regard to the propriety of this amputation. The success which shall attend its future performance may reverse this decision; but until such experience is obtained, we shall consider it not only a justifiable, but a preferable operation to amputation through the arm.

Amputation at this articulation does not admit of such a variety of methods as at the joints previously considered. We meet here, however, with modifications of the flap, oval and circular operations, but principally of the former. Dupuytren followed the method of Textor, who formed the anterior flap by thrusting the knife flatwise close to the joint, from the external to the internal condyle, and carrying it downward three or four inches, formed the anterior flap. The posterior flap was made by dissecting up the integuments to a sufficient extent to suit the anterior flap. The French surgeon, however, was accustomed to remove the olecranon process.

Dr. Mann performed the double flap operation; but so few particulars are given that it is impossible to trace the steps pursued. Dr. Rodgers made a semicircular cut on the anterior surface of the arm, from the head of the radius to the inner condyle, then a second incision posteriorly of the integuments only. These flaps were dissected up, the scalpel carried through the joint and the forearm disarticulated.

The circular method was proposed by Velpeau and Cornua, and the oval by Textor. Baudens modified the oval. Neither of these methods has been practised to any extent.

CASE 1.—Whilst I was a chirurgeon to the Marshal of Montejan at Turin, a certain common soldier received a

wound on his wrist with a musket bullet, by which the bones and tendons being much broken, and the nervous bodies cruelly torn, there followed a gangrene, and at length a mortification even to the elbow; besides also an inflammation seized upon the middle part of his chest, and there was, as it were, a certain disposition to a gangrene; whereby it followed that he was painfully and dangerously troubled with belchings, hicketings, watchings, unquietness, and frequent swoundings, which occasioned many chirurgeons to leave him as desperate. But it so fell out, that I (overcome by his friends' entreaty) undertook the cure of this wretched person, destitute of all human help. Wherefore, knowing the mortification by its signs, I cut off the arm by the elbow as speedily as I could, making first the ligature, whereof I made mention. I say I took it off, not with a saw, but only with an incision-knife; cutting in sunder the ligaments which held the bones together, because the sphacel was not passed the joints of the elbow. Neither ought this section to be counted strange, which is made in a joint, for Hippocrates much commends it, and saith that it is easily healed, and that there is nothing to be feared therein besides swounding, by reason of the pain caused by cutting the common tendons and ligaments. But such incision being made, the former ligature could not hinder, but much blood must flow from thence by reason of the large vessels that run that way. Wherefore I let the blood to flow plentifully, so to disburden the part, and so afterwards to free it from the danger and fear of inflammation and a gangrene; then presently I stanched the blood with an hot iron, for as yet I knew no other course. Then (gently loosing the ligature) I scarified that part of the brawn of the arm which was gangrenated, with many and deep incisions, shunning and not touching the inner part, by the reason of the multitude of large vessels and nerves which run that way; then I presently applied a cautery to some of the incisions, both to stanch the bleeding and draw forth the virulent sanies which remained in the part. And then I assailed and overcome the spreading putrefaction by putting and applying the formerly prescribed medicines. I used all sorts of restrictive medicines to stay the inflammation of the chest; I also ap-

plied erithemas to the region of the heart, and gave him cordial potions and boles; neither did I desist from using them until such time as his belchings, hicketing, and swounding had left him.

Whilst I more attentively intended these things, another mischief assails my patient, to wit, convulsions, and that not through any fault of him or me, but by the naughtiness of the place wherein he lay, which was in a barn everywhere full of chinks, and open on every side; and then also it was in the midst of winter, raging with frost and snow and all sorts of cold; neither had he any fire or other thing necessary for the preservation of life, to lessen these injuries of the air and place. Now his joints were contracted, his teeth set, and his mouth and face were drawn awry, when, as I pitying his case, made him to be carried into the neighboring stable, which smoked with much horse dung, and bringing in fire in two chafing dishes, I presently anointed his neck and all the spine of his back, shunning the parts of the chest, with liniments formerly described for Convulsions. Then straightway I wrapped him in a warm linen cloth, and buried him even to the neck in hot dung, putting a little fresh straw about him. When he had staid there some three days, having at length a gentle scouring or flux of his belly, and plentiful sweat, he began by little and little to open his mouth and teeth, which before were close set and close shut. Having got by this means some opportunity better to do my business, I opened his mouth as much as I pleased by putting this following instrument between his teeth. (*A Dilator made to open the Mouth and Teeth by the Means of a Screw in the end thereof.*) Now drawing out the instrument, I kept his mouth open by putting in a willow stick on either side thereof, that so I might the more easily feed him with meats soon made, as with cows' milk and rear eggs, until he had recovered power to eat, the Convulsions having left him. He by this means freed from the Convulsions, I then again began the cure of his arm, and with an actual cautery seared the ends of the bone, so to dry the perpetual afflux of corrupt matter. It is not altogether unworthy of your knowledge, that he said, how that he was wonderfully delighted by the application of such actual cau-

teries, a certain tickling running the whole length of the arm, by reason of the gentle diffusion of the heat by the applying the caustick; which same thing I have observed in many others; especially in such as lay upon the like occasion in the Hospital of *Paris*. After this cauterizing there fell away many and large scales of the bone, the fever and pulse of the arm then was fit making much thereto; besides when there was place for fomentation with the decoction of red rose leaves, wormwood, sage, bay leaves, flowers of camomile, melidore, dill, I so comforted the part, that I also (at the same time by the same means) drew and took away the virulent sanies which firmly adhered to the flesh and bones. Lastly it came to pass, that by God's assistance, these means I used, and my careful diligence, he at length recovered. Whereof I would admonish the young Chirurgeon that he never account any so desperate, as to give him for lost, content to have let him go with prognostics; for as an ancient Doctor writes, that as in Nature, so in Diseases there are also monsters.—*The Works of* AMBROSE PAREY, &c.,—London, 1691.

CASE 2.—On the 4th of last July, at Fort Independence, a Matross had his right forearm carried away, by the discharge of a gun while in the act of ramming home the cartridge. The upper arm was also badly burnt by the explosion. The patient was anxious to have the stump saved below the elbow-joint; but upon dissecting up the integuments from the point when they were entire, they were insufficient to cover the stump, and leave one inch below the articulation. It was at once perceived that so small a portion of the bones of the forearm below the joint could be of no use. This induced me at the moment of performing the operation, to amputate at the joint, rather than above, contrary to general practice. The experiment is fortunate, and confirms me in the opinion, that objections to the joint operation are groundless. After making my first incision below the joint, the teguments were dissected up to the articulation; the forearm was easily detached from the humerus by a small knife; two and a half inches of skin and cellular substance were saved below the end of the bone, more than sufficient to cover

its articulating surface. Five arteries were secured by ligatures; and the lips of the teguments being brought in contact, the wound was dressed after the usual method. The first dressings were removed on the fourth day, when the lips of the teguments covering the stump were found united by the first intention. In consequence of great secretion and discharge of synovia so as to wet the dressings throughout, as also the pillow on which the arm rested, I was apprehensive the cure could not be effected by the first intention. In order to encourage a suppuration of the wound, and thus effect a progressive union of the parts wounded, the lips of the teguments were gently separated, slips of lint interposed, and dressings applied in the usual manner. The synovial discharge was so profuse, during the first seven days, that doubts of success were entertained. But after this period, synovial secretion abated, and the union of the muscular parts with the articulating surface of the bone commenced, and by the aid of gentle compression round the end of the stump gradually progressed; the skin and cellular substance, in the meantime, retracted, so as when brought in contact over the bone, to be sufficient only to cover its end. This delay of bringing the teguments into contact appeared to have its use; for as the teguments retracted, they acquired more consistency and firmness.—The cure was effected in four weeks.—Dr. JAMES MANN, *N. Y. Med. Repository*, Vol. VII., N. Y. 1821.

CASE 3.—A stout healthy negro, aged about 35 years, was admitted, under my care, into the New-York Hospital, Nov. 5th, 1827.

A few hours before his admission, he had received a wound in the right arm, by a musket discharged by a boy who stood not more than twenty feet from him. The radius and ulna were very much shattered, and the hand hung by a few shreds of skin and tendons. He had recovered from the shock so as to give an account of the manner in which he had received the wound. There was still, however, great insensibility to pain. Having ascertained that there was not enough of the integuments to cover the ends of the radius and the ulna, I proceeded to amputate at the elbow-joint. A flap was

made of the integuments and muscles of the anterior part of the forearm, by an incision (made by the common amputating knife) reaching from the head of the radius to the inner condyle of the os brachii. Another flap was made from the posterior part, of integuments only. These were dissected up, the scalpel was carried between the head of the radius and os brachii, and then on the anterior part of the joints, between the coronoid process of the ulna and os brachii. The internal lateral ligament was divided, and the knife readily separated the posterior and upper part of the ulna from its connections. The vessels were readily tied, and the edges of the wound brought into contact and dressed. The stump was not examined until the expiration of two days, when it had completely united, except in the course of the ligatures. In about three weeks, the ligatures came away, and the stump was perfectly sound.—Dr. J. K. RODGERS, *N. Y. Med. and Phys. Jour.* Vol. VII.

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ART. II.—*Case of Transposition of all the Viscera of the body.* By JAMES UGLOW, JR. M. D., late Senior Assistant Physician in the Hospital of Kings Co., L. I.

THE curiosity of the Anatomist is not unfrequently gratified by isolated specimens of departure from the usual standard adopted by Nature in the construction of the human system, but rarely by examples of such entire and uniform change as is exhibited in this case.

Joseph Victor, æt. 45, a native of Germany, was admitted into the Kings Co. Hospital November 13th, 1851, with general dropsy, from which he had been suffering for a year previous. The patient came under my care during the latter part of March, 1852, and early in April following died.

On examining his body, all the organs were found to be healthy, with the exception of the heart, which was considerably larger than natural, though free from valvular disease; but the singular fact was revealed that all the thoracic and abdominal viscera were regularly and perfectly transposed, together with all the vessels and nerves. The heart was

found lying upon the right side, with its base directed upwards and backwards towards the left, and the apex pointing between the fifth and sixth ribs, at from three to four inches to the right of the sternum. The right lung was made up of but two lobes while the left had three. The aorta ascended at first a little to the right, then curved and descended upon the right side of the vertebral column. The arteria innominata came off from the arch of the aorta upon the left, and the right subclavian and right common carotid separately upon the right side. The pulmonary artery was situated in front of and to the right of the aorta. The right vena innominata, considerably longer than the left, received the termination of the superior intercostal vein, and the greater azygos vein emptied into the descending vena cava on the left side. The right internal jugular vein received the thoracic duct at its junction with the right subclavian. The inferior vena cava ascended upon the left of the vertebral column. The œsophagus descended to the right and in front of the thoracic aorta, to the cardiac orifice of the stomach; the greater curvature of that organ being upon the right side. The liver lay with its larger lobe in the left hypochondrium and the spleen in the right. The greater end of the pancreas was upon the left, and its duct, with the ductus communis choledochus, opened into the duodenum on the left side. The small intestine terminated in the caput coli in the left iliac fossa, and the sigmoid flexure lay in the right. It will be seen from this description that the change of place was uniform throughout, and the altered position of the viscera perfectly symmetrical. The specimen is now in the possession of Prof. Watts, of the College of Physicians and Surgeons of this city. My attention having been drawn to the subject, I have felt some degree of curiosity in looking up such examples of this anomaly, as I could find recorded, and it may not be uninteresting to refer to them in connection with this case. The earliest instance I find is that of an assassin executed in Paris in 1650, and dissected by Riolan. "This case," says St. Hilaire in his *Hist. des Anomalies*, "was judged to be of the highest interest by Riolan, and published by him in a dissertation which made part of his Opuscula Anat. Rar. et Nov.; Paris, 1652, and was also repeated

in most of the works published about that time and after." In the year 1660 Moraud observed the same variety in an invalid soldier, 72 years of age. This case was presented by Mery before the Academy of Sciences, and, says the same author, "produced the liveliest sensation in the public and caused the greatest astonishment among the learned." "Following the spirit of the times, the history of Moraud's invalid became the subject of a great number of pleasantries both in prose and verse," of which latter he gives a unique specimen which has survived the rest. He believes also that it was this case which suggested to Molière the idea, in his *Médecin malgré lui*, of placing the heart on the right and the liver on the left side.

In the Phil. Trans. of the Royal Society of London for 1674, vol. ix., is recorded, by Dr. Sampson, the case of a minister in Yorkshire, who, coming up to London to be cured of a cough, died in a fortnight after arriving, and on examining whom Dr. Sampson found perfect transposition. He adds that the subject was not left-handed.

A very full account of this anomaly is given in the 78th vol. of the Phil. Trans. in a letter to John Hunter by Dr. Matthew Baillie, which was read before the Society, May 8, 1788. In this paper Dr. Baillie gives a very full and minute description of the dissection of the body of a man, in whom complete transposition was found, together with four supernumerary spleens. This person also was right-handed. He adds in a note: "Since the above lusus has occurred I have seen in the possession of Mr. Payne, surgeon, a fœtus at the full time with the viscera transposed." In his remarks on his case, Dr. Baillie continues: "This is a great deviation in nature, for it is nothing less than changing almost the whole vital system in an animal, and therefore it rarely happens. It is so extraordinary as scarcely to have been seen by any of the most celebrated anatomists, and, indeed, has been but very generally noticed at all. The circumstance has been mentioned, but it has not been particularly described so as to make it thoroughly known, or to establish its certainty. It was hanging in the minds of many as doubtful whether such a variety did really exist. In Johnson's Med. Chir. Review

for 1837, p. 584, may be found, given by Dr. D. Jamieson, the case of a student in the Belfast College, Ireland, who died of phthisis, and in whom there was "perfect lateral transposition of all the viscera; and the peritoneum, after investing the stomach, passed at once into the spine."

M. Girdy communicated to the Academy of Medicine, Feb. 22, 1842, a case in which "even the cavities of the heart were transposed."—*Am. Jour. Med.* 1842. Reference is made by St. Hilaire to the following authors who have mentioned similar cases: Jacob, in the Jour. of Med. 1811, vol. 22; the case of a man.—Larrey, *Mem. of Military Surgery*, vol. 1; of a man.—Nacquart and Piorry, in the Jour. Gén. de Méd. vol. 72, p. 48; that of a child of six years: the inversion had been suspected during life.—Dubled, in the *Archives Gén. de Méd.* vol. 6, 1824; the case of an adult female.

The only cases occurring in this country of which I am able to find an account, are two. One of these was a male subject, 65 or 70 years of age, dissected in the Med. Inst. of Yale College, in 1839, and described by Dr. P. A. Jewett, in the 2d vol. of the *N. Y. Jour. of Medicine.* The other is that of a female child at full time, reported by Dr. Darling in the same number of the Journal, and in which existed, besides several other deformities, hydrocephalus "to an enormous extent." There is also a preparation in the museum of the Medical College of Cincinnati, of an adult male subject with the viscera transposed.

Of the fifteen cases above referred to, including my own, the rest extending over the last two centuries, ten were adult males, one an adult female, one a child of six years, six unknown, one a female child at full time, and one a fœtus, sex and age unknown. Of the remaining case, that of M. Girdy, I have not the particulars of the age or sex.

From this summary it appears that the greater number of subjects of this anomaly are males; and also that the majority of individuals so affected have attained to adult age, while some have passed far beyond it.

In the 83d vol. of the Phil. Trans. is an account given by Mr. Abernethy, in a paper read before the Society Feb. 14, 1793, of a female child of about ten months, in whom the

situation of the heart was reversed, while the aorta "pursued its usual course along the bodies of the vertebræ." The liver was situated in the middle of the upper part of the abdomen, having an equal portion lying in each hypochondrium.

A case of lateral transposition of the abdominal organs alone, together with four supernumerary spleens, was examined by Mr. Curling in the London Hospital, Oct. 5, 1839. Am. Jour. 1840. A. M. M. Whinnie, in the Lond. Med. Jour. 1840, describes the case of a female in whom the heart occupied the right side, the liver was found on the left, the spleen, threefold, on the right, while all the large intestine was found on the right side, and all the small intestines in the left iliac fossa. In this subject, also, a singular arrangement of the veins obtained. Several other cases of incomplete transposition are referred to by St. Hilaire. With regard to the viability of the subjects of visceral transposition or inversion, there seems no reason to doubt that where the transposition is uniform and symmetrical throughout, all the functions of life may be carried on as perfectly as when all the organs occupy their normal position, while in those cases in which the change of place is limited to one or more organs, and in which the natural relations of the different parts are thereby interfered with, the life of the individual may be more or less seriously compromised. On this point, Geoffroy St. Hilaire remarks: "For the harmonious working of our organs, as for those of the parts of a machine, the importance of their absolute position is little or nothing, while that of their relative position is immense. This latter alone determines their diversified relations, their reciprocal influence, and, by consequence, their action." The above author, in the 2d vol. of his Hist. des Anomalies, treats very fully of this whole subject, under the name of Visceral Inversion, and is well worthy a reference by those who may feel interested. As to the diagnosis of these cases during life, it must be impossible to ascertain with any great degree of certainty, although one apprised of the occasional existence of these cases, meeting with an individual in whom the usual auscultatory signs detected the existence of the heart upon the right side of the chest, and in whom no other cause for the displacement could be found,

would probably attribute the fact to a natural transposition of the organ, and suspect the change of situation to obtain with all the rest of the viscera, yet of this latter he could by no means be certain. In but two of the cases which we have referred to was the transposition suspected, namely, those of Dr. Jamieson, and of Nacquart and Piorry. In the case which fell under my own observation the pulsation of the heart upon the right side was noticed, but referred to other causes.

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ART. III.—*The Effects of the Oil of Turpentine, on persons exposed to its Vapor.* By ELISHA HARRIS, M. D., Physician to the N. Y. City Dispensary.

DURING the past few years there have come under my observation and care, several interesting cases of strangury, hæmaturia, &c., resulting from continued exposure to the vapor of the oil of turpentine. Some points of interest connected with the history of these cases, may justify the following brief account of them.

CASE.—A laborer employed in unlading a cargo of turpentine, began to suffer from vesical irritation and dysuria, at the close of his second day's labor in the ship; and at the end of the third day, when he applied to me for relief, he presented all the symptoms of acute inflammation of the bladder. The urinary organs were in a state of excessive irritation; there were almost constant efforts at micturation, with the passage of but a few drops of bloody urine—or more frequently, of blood only. The patient complained of severe pain in his back and loins, and he suffered from nausea, vertigo, and impaired vision.

The poor fellow had no idea of the true cause of his sufferings, but was confident that he had been maliciously poisoned. Upon inquiring I learned the nature of my patient's employment, and advised him to desist from his labors in the ship. I prescribed copious draughts of an anodyne and demulcent drink, a tepid bath, &c. In the course of forty-eight hours he had fully recovered. Immediately after this, there occurred in the same ship three similar cases.

By inquiry I have since learned that the occurrence of such cases on board of vessels freighted with turpentine, and also among laborers employed in unlading such cargoes, is no unfrequent event in warm weather. The late Dr. F. P. Colton reported an interesting case that came under his care in the N. Y. Hospital. (Vide *Colton's N. Y. Hosp. Cases.* N. Y. Jour. Med. Vol. V. No. 3.)

Recently I have had occasion to treat several cases of strangury, hæmaturia, eczema, ovaritis, &c., occurring in artisans whose labors expose them to the vapor of turpentine. They were employed in an extensive manufactory of India Rubber goods, where camphene is used as the solvent of the gum caoutchouc. Two of these patients were young females, and in them turpentine seemed to have induced very grave constitutional irritation. Long continued insomnia and *malaise* had induced a state of nervous and mental irritability bordering on mania, and almost characteristic of the difficulty. During the first three months that these girls were employed in the factory, they suffered from *dysmenorrhœa* and *menorrhagia;* and subsequently, at the time they came under my care, they suffered from *ovaritis* and *leucorrhœa*, all of which had undoubtedly been caused by the terebinthine vapor which they were obliged to respire, while in the discharge of their duties. The bodies of both these patients were extensively covered with an eczematous eruption, which soon disappeared, with all the other unpleasant effects of the turpentine, on their leaving the factory.

One of the young men employed in this factory, suffered a higher degree of irritation of the urinary organs than I ever before witnessed. After repeated attempts to continue at his labors in the factory, he was obliged, ultimately, to leave the establishment.

The interest excited by these cases has led me to make inquiries, in reference to the prevalence of the irritating and poisonous effects of turpentine among artisans who are exposed to its vapor.

The intelligent conductor of an extensive manufactory of India Rubber goods in this city, informs me that about two thirds of all his employees suffer considerable vesical irrita-

tion, strangury, vertigo, nausea, &c., during the first few months of their employment in the factory, and that after a time they nearly all become "*seasoned*," so that the terebinthine air no longer affects them. In this establishment it is the practice of those who suffer from the effects of the turpentine, to take large and frequent doses of olive oil.

In the India Rubber factories of New Jersey, where camphene is used as the solvent of the caoutchouc, the same facts are observed as in this city.

In an extensive manufactory in New England, in which camphene is no longer used, I learn that when the terebinthine preparations were used, the workmen suffered very much. In this establishment the workmen were in the habit of anticipating the effects of the terebinthine vapor, by subjecting themselves to a process of "seasoning," by taking repeated doses of camphene. In this and other manufactories, I find that females do not seem to have suffered as much as males from the peculiar *local* effects of the turpentine, but they have suffered much more from its effects upon the nervous system and the skin.

In connection with this subject, I would record a case in which a large quantity of camphene was swallowed by a child, with almost fatal consequences.

D. H. a boy aged three years, stealthily seized a small can which he supposed to contain molasses, and drank nearly or quite *six ounces* of camphene.

I saw the boy within an hour and a half after the accident. He was then in a state of profound *coma*,—the eyes were suffused, the pupils largely dilated, conjunctiva injected, the pulse 130, the skin hot and dry, the mouth and fauces red and parched, the features were somewhat corrugated and anxious, respiration hurried; the abdominal muscles were very tensely contracted, and he lay curved, with his arms closely folded and pressed on his abdomen. Urine that had been voided a short time previous to my arrival had the odor of violets. I administered a large quantity of olive oil, and followed it with an emetic of ipecac. and warm water. The matters ejected had the odor of turpentine, as did also the dejections from the bowels.

The child could not be kept awake, even while vomiting. There were frequent and ineffectual attempts at micturition, and there was *constant priapism.*

I directed a tepid bath, and prescribed demulcent drinks, with ipecac. gr. j, every fifteen minutes. This treatment was continued for about eighteen hours, when the little fellow awoke to consciousness for the first time in nearly *twenty hours.* Less than four ounces of urine had been secreted during this comatose period; and what was voided was tinged with blood. For several days the patient continued to be excessively nervous and irritable; but at the end of a week he had to all appearances fully recovered.

The facts in this case might be of some importance in a medico-legal point of view, as there are but few such cases on record. One very similar, but less severe case, is mentioned by Mr. Taylor in his treatise on Poisons. (Vide "Taylor on Poisons," by Griffith, p. 426.)

The history of my case, as well as that of Dr. Evans, quoted by Mr. Taylor, exhibits striking proof of the energy with which the oil of turpentine acts upon the nervous system of persons exposed to its action.

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ART. IV.—*Cases of Erysipelas which occurred in Platte County, Missouri, in which there were marked evidences of the propagation of the disease by contagion.*—By R. T. P. RIDLEY, A. M., M. D., Western Missouri.

CASE 1.—*Jan. 1st,* 1852.—Evans Jordan, a returned *voyageur,* arrived last week overland from California; has been much exposed during the trip; the weather has been and is now exceedingly cold. Has been for several days complaining of *malaise,* severe catarrh, cough, frontal cephalalgia, &c., &c. Had no distinct chill until the evening of the 29th ult., which was ushered in with the ordinary *podromes,* but up to this time there has been no remission. The patient called in a doctor two days since, who diagnosticated "a bad cold," and directed the inhalation of water and vinegar from the spout of a teapot, Dover's powders, *sweating teas,* &c.

On the morning of the 31st a slight erythematic rash made its appearance at the inner canthus of the left eye, and rapidly extending to the cellular tissue, quickly caused tumefaction. Spreading rapidly, it had included in its course the circumference of the orbit, and thence extending across the nose and forehead to the opposite eye, the whole head, face and neck, soon became implicated in the malady. The swelling in the submaxillary and parotid region were particularly conspicuous. Being called at this stage of the disease, I found the patient frightfully disfigured by the tumefaction of the skin and cellular tissue of the head and neck. The decubitus was dorsal, heard with difficulty, a pathological condition produced doubtless by the pressure of the swollen parotid upon the "meatus auditorius externus;" the eyes were closed, the patient saw nothing; the swelling had extended to the edge of the scalp; there was considerable hacking, cough, coryza. The constitutional disturbance was very great; pulse 112, small, weak and irregular; tendency to stupor, answers questions *deliberately*, is rational; tongue dry and shining, of a bright scarlet around the eyes and dark in the centre, which is covered with considerable incrustation of *sordes*. The bowels have been costive, but after a faithful exhibition of "Cook's Pills," previous to my attendance, had become active, *colliquatively so*. Has thirst, but no appetite.

Desirous of arresting the rapid extension of the tumefaction, a saturated solution of the nitrate of silver was applied to the whole surface involved in the swelling; it was put on by pencil, and extended an inch or more to the contiguous sound skin. From this application there was no pain or complaint, but rather a relief to the stinging, burning pain which had so much distressed the patient. The cautery was followed by cloths wrung out of a warm solution of the Acetate of Lead, and my patient was directed to use the following prescription:

R.—Quiniæ Sulph. . . ℥j.
Aq. Font. . . ℥vi.
Acid Sulph. Arom. q. s.
M. Et ft. solut. . s. ℥j. alt. hor.

This treatment was commenced at 11 o'clock A. M. At the evening visit, 9 o'clock P. M. patient was sleeping—the temperature of the surface reduced from this morning; pulse had fallen from 145 to 128; had more volume and was more regular—says he feels better—has *tinnitus aurium*, and evidences of quininism, &c.; less thirst; bowels not moved; tenderness on pressure; tympanitic. Ordered the treatment to be continued, lengthening the periods between the doses of quinine to three hours; repeat pencilling with solution.

*Jan.* 2, 8 A. M.—Patient has rested poorly; has considerable headache; bowels moved at 4 A. M.; had severe griping pain with fluid alvine discharges; several dejections; increased thirst; swelling of the head and face diminished; bullæ appearing on the inflamed surfaces; pulse 140 again; more feeble; tongue dry and glossy; sordes on the teeth and gums increasing; reapply solution nitrate silver; repeat quinine solution.

9 P. M.—Pulse 150; more prostration; patient is somewhat confused, drowsy, answers questions with hesitation; tumefaction of the face is diminished, is contracted, and seems angular; eyes still closed; phlyctenæ increasing; bowels relaxed; a quantity of thick tenacious mucous matter coming from the nostrils, mixed with blood and detached with difficulty; cough increased; sputa tracheal; used the cautery again with lead water dressing; suspended the other treatment until morning visit. R.—Sem. hord. haust.; Magendie's solut. morphine, to be repeated pro re nata.

*Jan.* 3, 9 A. M.—Patient rested badly; has low muttering delirium, involuntary discharge and incontinence of urine; pulse feeble—165; stupor, almost coma; contraction of the brow; *subsultus tendinum;* picking the bedclothes; some dyspnœa; coldness for the first time of the extremities; tongue black and dry and loaded with incrustation; intolerable thirst; anorexia; swelling of the face and neck diminished; left eye opened. Ordered epispastics to extremities; carb. ammonia and wine whey *ad libitum;* grs. x. quin. sulph., ter in die; cataplasm to the swelling.

9 P. M.—Epispastics have drawn well; pulse 160; skin cool; low muttering delirium continues; swelling subsiding;

no dejection; ord. suspend quinine; continue carb. ammo. and wine whey, beef tea.

*Jan. 4th*, 9 A. M.—Desquamation has begun; tongue moister; pulse increased in volume and lessened in frequency; headache; thirst; alvine evacuations have more consistence, with mucous matter; nose discharging dark and thick sanies; puruloid; both eyes opened; mind rational; hears well; tumefaction subsided a great deal; abscesses are forming under the eyes and in the parotid region; he has some appetite. Ord. wine sanga. and milk punch, beef soup, grs. x. quinine, ter in die.

9 P. M.—Desquamation going on; patient improving; pulse fuller and less frequent; bowels in better condition. *Jan. 6th.*—Patient is improving; abscesses under the eyes and in parotid region have suppurated and are discharging freely, healthy pus. *Jan. 7th.*—Has continued to improve; takes beef soup and port wine. *Jan. 24th.*—Was discharged, and rode in an open carriage to his home, a distance of 30 miles.

It will be perceived that this case has been reported more in detail than are the cases which follow, for the reason that it was the first, the "*fons et origo*" from which the others arose, or which were in the line of direct communication. There is in the case above recited, neither in pathology, etiology, treatment or general progress, any thing directly interesting to the student or practitioner, but the details are given in order to show the course and progress of the case from which the subsequent cases appear to be directly traceable by communication, and will exhibit some facts, if not of practical importance, at least of rare occurrence.

CASE 2.—W. M. Keller, ætat. 40, farmer, visited the preceding case on the day of his arrival, and at the time of the eruption he remained with him and was his nurse and attendant until attacked himself.

*Jan. 5th.*—This morning had a distinct chill of much severity, which continued eight hours, with great pain in the back, head and chest, some congestion of the lungs and dyspnœa. Reaction was excessive; there was severe pain and swelling of the throat and fauces, and along the inner

edge of the sterno-cleido-mastoideus, which was extending to the contiguous parts, producing difficult deglutition; face flushed and hot, with great intolerance of light and sound; anorexia, nausea and vomiting; bowels relaxed :—

R.—Proto. chlor. Hydrarg. . 3j.
Potassæ Nitratis, . . . . 3j.
Ft. chart. No. v. Ant. et Pot. Tart., . . gr. v.
S. alt. horis. M.

*Jan.* 10*th*, 9 A. M.—The medicine has acted freely on the bowels and with some emesis; pulse softer and less frequent, though no remission; headache; pain and swelling of the throat undiminished. This morning an erythematic redness was perceived at the inner canthus of the left eye, presenting the same characteristics and observing the same course as case No. 1. The eye closes, and the inflammation is travelling with great rapidity; cauterized the inflamed tissue with the solid pencil of nitrate of silver, and directed the lead water dressing; repeated the nitro-antimonial powders, alternating them with the acetate of ammonia.

9 o'clock, P. M.—Patient is suffering *acutely;* pulse 140, small and wiry; tumefaction of neck and face increasing with fearful rapidity; the eruption has enveloped both eyes, spreading backwards and downwards to the ears, lips, chin and cervical region; is dull, sleepy, almost comatose; sordes accumulating about the mouth and teeth; tongue dry; continue lead water dressing after cautery.

R.—Sulph. Quiniæ. . . 3j.
Aq. Font., . . . Oj.
Acid Sulph. Arom., . q. s. ft. solut.
. S. ℥j. alt. horis.

*Jan.* 7*th*.—Patient rested badly; diarrhœa, thirst, features are frightfully distorted, pulse 164, small and weak, continue quinine mixt., wine whey and carb. ammonia. *Jan.* 8*th*.—Patient is better, and from this day continued to improve, his case observing generally the same course as No. 1, until the 12*th Jan.*—This morning there is a mad angry looking pimple on the tip of the tongue, which is painful and inflamed, with an indurated base. There is also diarrhœa. In a few

hours this inflammation began to extend to the tongue and mucous membrane of the mouth and fauces; spreading down to the rima glottidis, it impeded respiration, and on the morning of the 14th he died of apnœa. No autopsy permitted.

CASE 3.—Samuel Stagg, ætat. 46, farmer. Has nursed and slept with both the above cases, and this morning, (*Jan. 8th,*) was attacked with a chill; inasmuch however as he has been a martyr to intermittent fever, supposes it is a return of his old malady. The reaction is very great, and as the sweating stage and remission have not come on in regular succession as usual, and as the pain in the head, soreness of the throat, swelling of the neck and face, and the additional fact of his recent exposure, induced the patient's friends to fear his disease is erysipelas, and this morning they requested me to visit him. There is considerable fever, the eruption and other symptoms are in accordance with those of the above recited cases, only that the erythema is on the left cheek, and that side of the face, instead of beginning at the inner angle of the eye as in the former. The treatment of this case was precisely the same as in the others, and the general symptoms in the progress of the case were much milder. A perfect remission came on at an early day, and we were lured into a security so false, that in the press of other business his case was turned over to our assistant as early as the fourth day. *Jan. 14th.*—I was suddenly called to the patient, who was until this morning supposed to be in a state of convalescence. He was attacked with a chill, with great congestion of the lungs, and upon my arrival I found him collapsed, and in a few moments he breathed his last, dying, as it seemed, by apnœa. No post mortem.

CASE 4.—*Jan. 8th.* Mrs. W. Keller, wife of case 2, attacked while nursing her husband. The disease expended its violence upon the external ear, and penetrated to the inner ear. The symptomatic fever was excessive. Treatment on the same general principles. After twelve days' duration convalescence was established.

CASE 5.—*Jan. 14th.* Angeline, daughter of cases 2 and 4. The case was ushered in with the usual prodromes. Quinine

and cautery were used ab initio; the duration was only four days, when she began to recover.

CASE 6.—*Feb. 1st.* Mrs. George Keller, nursed and attended case 3, resided within three hundred yards of the house in which the cases occurred. The inflammation was confined to the face and throat. Dyspnœa was a prominent symptom, much laryngitis. This case bore a strong resemblance to the others, and under the same treatment convalesced *very slowly.*

CASE 7.—*Feb. 9th.* Lindsey Keller, son of case 6, was attacked like his mother, and his case differed from hers in no essential particular. He had likewise the same treatment. This boy was leucophlegmatic,—his convalescence came on as with the others. After he was so far restored as to need his clothing, a number of abscesses made their appearance, which seemed to be confined to the glands and the cellular tissue adjacent; those in the groin formed sinuses, likewise those of the axilla and cervical region, burrowed down along the adjoining fasciæ, and in the course of several months he died from general hectic and exhaustion. This was doubtless struma.

CASE 8.—*Feb. 19th.* Mrs. Anna Kyle, daughter of case 6, resided in the same house and has nursed the two preceding cases, was attacked after great exposure in the same way, this evening. Let it suffice, without recapitulating, to say, that the case in its course and treatment did not vary from those which have been above described. Her convalescence was rapid.

CASE 9.—This was a negro woman, a domestic in the family immediately preceding. Her attack was violent and the course of the disease rapid. The certainty with which all persons who had been exposed took the disease struck the minds of the public with such a panic, that nurses could not be had at all, and for this reason, let it be mentioned with humiliation and shame to humanity, remedies could not be administered with any degree of efficiency to this patient. The disease progressed with impetuous velocity, and the woman died on the sixth day of her illness.

The only remaining case which came to my knowledge, but which was not seen by me, was in a gentleman who lodged in the same bed and room with the first case, before the eruptive stage had been fully established. This case was attended with the same phenomena as the others, received pretty much the same treatment, and recovered.

Before closing this article I will mention another fact which may be of interest to the pathologist. At the time I was attending these cases of erysipelas, I acted as accoucheur to three ladies within the space of one week. The labor of each was without difficulty; all were safely delivered, and, to all appearances, were likely to do well. Within the forty-eight hours succeeding the labor every one of them was attacked violently with *puerperal peritonitis*, and every case terminated fatally, not one surviving four days from the invasion of the disease. I was called to attend the fourth case, but thought proper to call a medical friend who had not been exposed to the contagion—this case terminated favorably.

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## REPORTS AND TRANSLATIONS.

ART. V.—*Reports on the Varieties and Conditions of the Meats used in the City of New-York.* By A. K. GARDNER, M. D. [Read before, and published by permission of, the N. Y. Academy of Medicine.]

THERE are few subjects of more general interest and importance to the population of this city, than the character of any article of food which they eat, and particularly of one which enters into the diet of perhaps every individual in the community. It is on this account that, during the last few years, I have directed my attention to the various meats with which our markets are provided; and by personal investigations at the drove-yards, in the slaughter-houses, and finally at the markets and at the little stalls and groceries about the city, with the observations of various individuals connected more or less nearly with the business in some of its forms of providing the city with meat, together with reading upon the subject in our own and foreign publications, I have arrived at some opinions which I have the honor of presenting to your attention. Entire correctness I do not pretend to have attained. Owing to many

reasons, the whole truth I have found very difficult to get. Individuals have generally been sufficiently willing to express opinions and state facts relative to others, but of their own practices and habits the facts came less freely; and it has only been by balancing the various testimony, and by excluding the evidently prejudiced opinions, that I have arrived at the results now presented. Some truth I unquestionably furnish, and at least my own personal opinions. But allowing them to be all incorrect, even then some good has been done: for definite statements have been made, which, if not true, the converse is at least correct, and which, if proved, will be equally as serviceable to the community as what is now given.

The quantity of meat used in this city it is impossible to state accurately, as a very large amount is brought into it from the neighboring States and towns, fresh and variously preserved. Of the live animals slaughtered in the city, a more definite report may be made. The market at Forty-second street, kept by Alderman Allerton, is the great entrepôt for neat-cattle. From the books of this, the Upper Bull's Head, I find that the number of head of cattle brought to this market was as follows:—

From May 6th, 1848, to May 6th, 1849, . . . 76,519.
" " " 1849, " " 1850, . . 86,551.

The increase is gradual and progressive. A few head of neat-cattle are brought to other markets, but the number is small. It is supposed that about 2500 head constitute the weekly supply for the use of the city and for export.

The Lower Bull's Head market in Sixth-street, kept by Mr. Browning, is the market for the milch cows, calves and sheep. No yard books are kept here, and the numbers are given upon the judgment of the keeper and others engaged in the business. The average of the year, of the sheep sold here is 2000 per week. The fluctuation at various seasons is very great.

A similar market to the Lower Bull's Head is in Robinson-street, called the Hudson River Bull's Head. The statistics of this yard, as shown by Mr. Chamberlain's book, are as follows:—

From April 1848, to April 1849, the total number of sheep was 65,143—of cattle, 3312.

From April 1849, to April 1850, the total number of sheep was 81,282—of cattle 3820, and 1464 milch cows and calves.

Near Twenty-fourth street a new market has sprung up within a very few years. This is however principally devoted to swine.

A very large proportion of the cattle which are now used in New-

York, come from the "far West," Ohio and Illinois, and are mostly brought hither by steam, subjected to very little driving or fatigue. During the journey they are properly fed and cared for by the drovers. In the winter very many cattle are driven from the West and stabled at various places along the river Hudson, where they are fed and fatted upon distillery slops, grain, oil-cake, &c. The following spring they are brought to market. From the general opinion of the butchers and drovers, no better cattle are brought to this market than these. Alderman Allerton thinks the best cattle he has had at his yards are thus fatted. The usual market days are Monday and Tuesday. The cattle are then sold, and are out of the drover's hands. The cattle when brought to market are very rarely sick, or in any way diseased. According to Mr. Allerton, not five can he remember that have been killed in the yard for any disease or complaint. Those that have been thus slaughtered were in consequence of a sudden attack of murrain or some injury. It is after being sold to the butchers that their troubles commence. By some they are left to stand many days in these yards, under a glowing summer sun, or exposed to wintry storms without food or drink. There are some German dealers, who buy large numbers of cattle to retail to small traders, who are particularly cruel in this respect. Alderman Allerton states that it is quite usual for them to leave their cattle, numbering scores, until Saturday, they going a week without food or water. He has in vain remonstrated with them for this unpardonable and unnecessary cruelty. The lowing and bellowing of these poor beasts is pitiable to hear, and is spoken of as being quite a nuisance to those residing within a half mile of the yards. There is not even the poor excuse of economy to justify such brutality, for most of the butchers testify that the animal falls away in value more than the cost of the feed. This is a part of the needless cruelty which is wantonly inflicted upon the poor animals who are slaughtered in this metropolis. Deprived of food, they eat the hair from each other's backs and sides, and the irritation and inflammation consequent upon its being thus forcibly torn from their skins, add to their misery.

On their way to the slaughter-houses from the yard, they are no longer driven by the careful drover, but young boys and half intoxicated men are engaged for the purpose. Armed with a large stick, or club, with hootings and shouts they hurry along the heavy cattle, the unwieldy swine, or the sheep sweltering under their weighty fleece. Bewildered by new sights and unaccustomed sounds, should they delay the stick goads them on; should they hurry on too rapidly, a blow from the club over the snout stuns their senses. With such treatment is it

astonishing that the patient ox is sometimes rendered frantic, and tramples and gores every one he meets in his headlong course of desperation?

The wanton cruelty in the treatment of calves and lambs has often been commented upon, but without avail. The sensibilities of many have been touched on observing them tied "neck and heels" with their heads swinging over the hard edge of a cart, jolting over the rough pavements, driven at a butcher-cart speed, their tongues protruded, dry with thirst, and rolling a pitiable eye that would touch any heart not degraded and brutalized by frequent repetitions of the sight. I am astonished that some mayor in pursuance of his duties has not stopped entirely such horrid and entirely unnecessary wickedness. This, bad as it is, is surpassed by the cruelty at the market and in the slaughter-houses. These small animals are generally left to be handled and slaughtered by boys, whose delight in inflicting unnecessary suffering is here fully shown. I will not mention particulars, but would merely draw attention to the general facts.

The bleeding of calves and cattle deserves a notice. For this wrong there is not a word of excuse. Not a particle of benefit is done to the meat; indeed its flavor is injured, and much of the nutrition is extracted. These animals are generally bled to syncope twice before killing, and with no other object than to whiten the veal and to make the beef have a bright hue, at the expense of flavor and actual value.

The usual method of slaughtering animals in this city, is first to stun the beast by a blow of an axe between the horns, then to cut the throat, and suspend them by the hind legs to allow them to bleed to death. The Jew butchers do not prostrate the animal with the axe, but first suspend and then cut the throat. This must be performed in a peculiar manner. It is necessary to have a long knife, which must be free from rust, nick, or any imperfection of the cutting edge, one cut only being allowed. If more is required, or any formality neglected, the animal is deemed unfit for food for the Hebrews. After the animal is dead he is examined by the Jew butcher. This is done by cutting into the pleural and abdominal cavities, running the hand in and feeling the lungs and liver. Should these organs be found adherent to the sides, or should any hard lumps be felt in them, the butcher places a leaden tag upon the animal inscribed with the Chaldaic word *tripha*, signifying improper or unfit. On the contrary, should these organs be found healthy and the operation of killing be otherwise correctly performed, the tag stamped *cosher*, proper, or fit, is then placed upon the various portions of the animal. For the use of the Hebrews it is only placed upon the fore

quarters. From the difficulty of removing the blood-vessels, as required by their law, from the hind quarters, this portion is rarely eaten by the Hebrews, but the mark is placed upon them for the benefit of many Christians, who prefer the meat thus examined. The butcher is paid, by the Society in which he worships, an annual salary and in addition he receives a small sum per animal from the keeper of the slaughter-house for his services.

The meat eaten in New-York is generally of an excellent quality. The great distance which the animals usually come, requires that they be in pretty good health to bear the fatigues and exposure. Still many of the cattle which appear in health while living, show diseased organs after death. First, the overdriven animal. On examination after death, it is observed that the blood is changed to such a degree that the coagulation is slow, and the serum bears an unusually large proportion to the crassamentum. The flesh is unchanged in its general appearance, but the side upon which the animal has lain is gorged with dark, viscous blood, the muscle peculiarly dark, while the uppermost part is unusually light. After keeping a short time putridity commences, and in ten or twelve hours it is too offensive for any one to think of eating it. Meat of this description is called "feverish," by the butchers.

A similar state is said to be produced by keeping the animals without food for several days.

The principal morbid appearance found after death in neat-cattle slaughtered for food, consists, first, in more or less extensive adhesions of the pleura pulmonalis to the pleura costalis, showing that some disease of the lungs has formerly existed. Second, a peculiar affection of the liver, known by the butchers under the name of "sagy liver," probably from its resemblance to a sage cheese—being mottled with dark spots.—Thirdly, "boils on the liver," as they are denominated. These two last are, I am convinced, but different forms of the same disease. Specimens of livers affected in this manner have been at my request examined by Alonzo Clark, M. D., Professor of the College of Physicians and Surgeons, New-York, with a powerful microscope. In his opinion this disease is the result of simple inflammation, which in its different stages puts on these various forms. There is no disease with which the cattle of our market are so much affected as with this; and it is a remarkable fact that it is almost entirely confined to Western cattle, and those from Illinois particularly; and furthermore, that very few from that part of our country are seen free from this difficulty. The cause is unknown, but it is generally supposed to arise from miasma. Wherever "fever and ague" exists, this trouble is also prevalent. This disease, although so seriously affect-

ing an important organ, seems to disturb very little, if any, the general health of the animal: for it exists principally among the best cattle in the market. The butchers universally think little of it. If the liver is much diseased, it is thrown away; if but slightly, the affected portion is cut out, and the remainder sold. The Jews mark these animals as bad.

These are all the forms of disease which I have found in cattle fatted out of the city. There is another sort of meat in our markets, mostly in the spring. This comes from the cows kept for milk near the distilleries, and fed on "distillery slop." Every spring these milch cows are renewed, and the old fatted. To do this, they cease to milk them, feed them upon the same "slop" as before, and an increased quantity of meal, oil-cake, &c. In a previous report on the qualities of distillery milk,* I have described the method of keeping the animal, and given an analysis of the milk, proving satisfactorily, I think, its deleterious character. I cannot so easily prove the character of this meat; but I think it not difficult to show its disgusting nature. These cows are daily to be seen conveyed upon a cart to the slaughter-house, when from disease and debility they are unable to walk. A competent butcher can not only tell this sort of beef when it is slaughtered, by the looks, the flabby character of the muscle, and intercellular tissue, but he will detect it by the smell, and that, too, when dressed and cooked. The same sickening odor which almost nauseates the visitor of those stables where they are fed, is perceptible in the meat upon the table! This meat is rarely seen in the public markets, but may generally be found in the small stands in those quarters of the city where the poorer portion of our inhabitants, and emigrants, reside. It is not the least of the benefits effected by the "Ten Governors" of our city Alms-House, that they have procured healthy milk and banished "still meat" from the institutions under their charge. These were formerly the great markets for their consumption.

The meat of those cattle which come from the country, after a brief stay on the banks of the river, where they are fed, in some degree, upon distillery slop, is very different. No such smell is perceptible; for this swill is not a substitute for more natural food, but an addition. It is also taken at a lower temperature, and their teeth and stomachs are not thereby injured.

In particular this latter organ, which is used for food, and when dressed is called tripe, is deserving attention. On inquiry among those who vend this article in the market, I learn that, among reputable persons at least, engaged in cleaning and selling this article, it is univer-

* Transactions of the New-York Academy of Medicine, Part I. Vol I.

sally the custom to reject the stomachs of all cows that have been kept upon "distillery slop." The contents of the stomachs have such an unnatural and very offensive odor and appearance, and it is so disgusting, that they are unable to work upon it. No change is perceptible to the cleaner in the pathological condition of the organ, except that the inner coat of the stomach, which is removed in the process of cleaning, is in distillery slop-fed cows of a darker color than with otherwise fed animals, and extremely soft, slipping off as it were from the substance of the stomach almost without a touch, showing most conclusively some marked disease of the tissue, perhaps some form of inflammation, and sufficiently proving the unnatural character of the food.

These are all the forms of disease which I have noticed incidental to neat-cattle; and the beef of New-York can claim with justice to be in general inferior to that of no city of the world. The animals, with the single exception of the "distillery-fed cows," are generally well fatted, driven with care, and young, and in the vigor of health. The numerous railroads, steamboats, and canals which ramify and dissect our country at the present day, have recently been used to a great extent in transporting live stock to this market. The saving by the journey in the flesh of the cattle, and the time and food consumed, more than compensate for the extra expense incurred.

In no part of our market regulations is so much change requisite as in that relative to the killing and selling of veal. These young animals are brought to our market with their dams. The mother is speedily sold to the keepers of the cow-stables attached to the distilleries, or to milk-producers near the city, and the calf is immediately killed. Multitudes *not three days old* are slaughtered, and the flabby meat is daily to be seen in our markets. Some stalls seem to be solely supplied with this cheap meat, and the passer-by will occasionally hear the vender endeavoring to recommend it, with the cry, "Here's cheap meat for boarders."

Instances, too, are not unfrequent where immature calves, either "slip calves," as they are called, the product of abortion, or calves taken from the womb of the mother, slaughtered or dead by disease at some of the cow-stables, being dressed and sold in the public market. The correction of such evils devolves upon the clerks of the market, whose continuance in office depends very much upon the good will of those persons who sell this meat, and whom, therefore, they are careful not to offend.

Those curious to know something of the character of the veal of this market, can learn much from any candid captain or clerk of the North River steamers and barges.

In regard to the sheep and lambs of this market, I have but little to say. The character of this meat is greatly improved within a few years, and is now considered by many, and particularly by those who have excellent opportunities for judging, the stewards of the large steamers between New-York and Liverpool, to be often equal to the celebrated South Down breed of England. The meat is generally free from disease; but laws should be enforced relative to their feed, after they pass into the hands of the butcher, before they are slaughtered. I am satisfied that there is much inhumanity in this respect.

It is within a few years only that swine have been slaughtered in this city. Excepting from those raised in its precincts, and which gathered their food from the street gutters, the pork of New-York was brought by boats and cars, killed and dressed. The common observer could not help noticing the emaciated animals roaming about, suffering in various ways, frequently by the effects of injuries, insufficient and unhealthy food, and internal diseases.

The law against the keeping of swine in the city proper is now so rigidly enforced that we have no necessity of remarking upon this.

As with the cattle, the Far West finds here the great market for swine. Immense quantities of pork are there killed and barrelled for exportation: some have come direct, and driven slowly, being many weeks upon the road, from Ohio and Illinois, others have rested on the way, and been fatted at the distilleries. The diseased pork which arrives in New-York is very small in quantity. We hear much of "measly pork," which is a tubercular disease; but the proportion is extremely small, not one in ten thousand swine are thus diseased. This small quantity is not, however, wasted, but barrelled up and sent to the West Indies, there to furnish food for the plantation negroes, who are said to prefer this to healthy meat.

In the curing of pork it often happens that whole barrels for want of proper care become more or less tainted—"sour" as it is called. Hams not sufficiently salted or smoked, are frequently tainted near the bone. There are some who prefer meat thus flavored, perhaps from the reduced price, and who therefore eat it, but it generally goes to form the diet of the poor Germans and Irish. All else finds its way to a Southern market.

In many European cities it is notorious that the flesh of horses and dogs is very commonly prepared and eaten by the poorer portion of the inhabitants. There is no proof, however, and I do not believe, that in any instance they are ever employed as food in New-York. At the receptacles for dead animals, where worn-out horses are sent to be killed,

a very trifle only of their flesh is sold, and that to keepers of dogs generally. Swine are however fed upon it, and their meat is probably not deleterious, for when visiting the Royal Veterinary School at Alfort, France, I was informed that all horses brought there to be "doctored" and found affected with the glanders, were, by governmental order, immediately killed, and their flesh given to the hogs, which were afterwards eaten by the scholars, and that no ill effects had been observable.

Having thus reviewed the subject of the meat of New-York, with some particularity, I would in conclusion respectfully submit the following resolutions for adoption by the Academy.

*Resolved*, That in the opinion of the New-York Academy of Medicine, humanity requires that the transportation and conveyance of neat-cattle, calves, sheep, and swine, to this city and from one part of it to another, their proper care and sustenance before being killed, and the prevention of unnecessary cruelty, should be made the subject of penal enactment.

*Resolved*, That the attention of the proper authorities is particularly called to the more stringent enforcement of the laws respecting the killing of diseased animals, and to the vending of unhealthy and immature meats.

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ART. VI—*Extracts from the Report of the Proceedings of the New-York Pathological Society.* [Selected and prepared by Committee of Publication.]

*Case of Strangulated Scrotal Hernia of unusual size, on left side; presence of cœcum in hernial sac.* By W. H. VAN BUREN, M. D., one of the surgeons to Bellevue Hospital.

ON the 21st of July, 1850, I saw, with a medical friend, Mr. B., of Bedford-street, a healthy man, 63 years of age, who had carried a very large, indirect, inguinal hernia, on the left side, for some four years previously. Within the last two years he had been unable to reduce it; and, about five days before, constipation had occurred, with pain in the belly, tenderness of the tumor, and a good deal of constitutional excitement and anxiety.

At the time of my visit, 5 o'clock P. M., he was vomiting a dark-colored fluid, of a stercoraceous odor, and was much prostrated, with a clammy skin, red eyes, small pulse, at 112, restlessness, thirst, and occasional hiccough. He complained very little, except of a general uneasiness, and when the tumor was touched about the vicinity of the external and abdominal ring. This was fully as large as the head of an adult, concealing the penis almost entirely; anteriorly it seemed to consist of omentum, with the exception of one point, where it was very prominent,

and very sonorous on percussion. I could not learn that it had undergone any recent increase in bulk, by the descent of a fresh portion of the intestines, but did ascertain that the strangulation had come on gradually, (as I believe it generally does in very large hernia,) and that the patient had been for years in the habit of drinking spirits to excess. In the hope that a partial reduction might relieve the strangulation, I made a fair but unsuccessful attempt to effect it. In this rather desperate situation of affairs, I stated very plainly to the family that the patient would probably die in any case, but that I felt justified in relieving the strangulation by an operation, as the only chance of his recovery. No serious objection being made, this was accordingly done at 8 o'clock P. M., the same evening. I made an incision some four inches long over the neck of the sac, by piercing a fold of integument and cutting outwardly. On opening the sac the omentum presented a natural appearance; on passing my finger upward I felt the neck of the sac tightly embraced anteriorly by the two rings (internal and external) in close conjunction, the inguinal canal being entirely obliterated. Before ascertaining this fully, however, I cut freely upward, entirely relieving the stricture; and then passing my finger downwards, recognized that numerous adhesions existed between the sac and omentum. This precluded the possibility, as I had anticipated, of returning the contents of the sac into the abdomen, a step which, from the immense size of the hernia, I should have been unwilling to take in any case. By moderate and gentle employment of the taxis I succeeded in causing the contents of the strangulated intestines to pass partially through the strictured portion, and thus established the fact that there was no longer strangulation. The wound was then closed as usual, and the patient removed to his bed. From this time forward there was no more vomiting, and the pulse fell to less than 100. Within twenty-four hours, a full enema of catnip tea brought away a free discharge of fœcal matter. The bowels, however, never moved spontaneously, and, in spite of our efforts, the patient gradually sank, and died at the end of the third day, apparently from exhaustion. A moderate amount of brandy and beef tea was steadily given, at short intervals, both before and after the operation.

*Post mortem examination, 18 hours after death.*—The abdomen was opened by an incision extending the whole length of the tumor. Union had fairly taken place throughout the wound: about one half of the mass of the small intestines was found in the tumor, and, to our astonishment, the *cœcum* together with some eighteen inches of the ascending portion of the colon. There were no evidences of recent inflammation of the

peritonœum to be recognized, and the small intestines occupying the tumor were healthy, both at the strictured portion and elsewhere. But the *caput coli*, which was recognized as that portion of the tumor which during life had been sonorous on percussion and prominent, had evidently undergone some disorganization, without presenting any marks of adhesive inflammation; its substance was discolored, soft and readily torn. Its mesocolic attachment had been excessively elongated, and extended in the form of a very tense band of peritonœum, from the *right* iliac fossa, across the pelvis, through the abdominal rings of the *left* side, into the hernial sac. The other abdominal organs are healthy. Contents of cranium and thorax not examined.

*Remarks.*—The presence of the *cœcum* in an inguinal hernia of the left side, is the only feature of unusual interest in this case, and it is a circumstance, I suspect, of very rare occurrence, and worthy of record. Teale, in his excellent monograph on Hernia, (*Lond.* 1846, p. 23,) quotes a case from Sandifort, (*Icones Hernia congenitæ*, 4to, 1781,) with the view of proving the possibility of its occurrence—the only instance apparently within his knowledge. Lawrence, as far as I can ascertain, makes no mention of it. It was this unusual circumstance, apparently, that led to the fatal issue in the present case. The very great tension to which the blood-vessels, &c., of the cœcum were subjected by its singular change of position, most probably interfered with the reparation of the injury sustained by its strangulation, at the same time that it was thus rendered more liable to serious injury from pressure upon its attachments. Oct. 1850.

*Case of Acute Nephritis.*—By John A. Swett, M. D., one of the physicians to the New-York Hospital.

An Irish laborer, aged 27, fell from the fourth story of a house on the fifth of February. When brought to the N. Y. Hospital he was sensible, and complained of a severe pain about the dorsal region of the spine, and in the hips and perineum. In the latter regions there were marks of severe contusion; he had retention of urine, but no paralysis of the limb. He was suffering from gonorrhea at the time of the accident. The catheter was used daily without pain; there was constant dribbling of urine with an accumulation in the bladder. The secretion became higher colored, and had a fetid ammoniacal odor. On the 19th of February, about a fortnight after the accident, he began to complain of pain in the lumbar region, and over the region of the bladder, with scalding in the urethra, and the urine assumed a bloody tint. There was nausea and vomiting, and the countenance became anxious

and haggard. The patient continued to sink gradually, the lumbar pain, ardor urinæ and bloody appearance of the urine increasing. A moderate amount of deposit formed in the urine, which was not very tenacious. Diarrhœa with involuntary discharges ensued, and the patient sank and died on the third of March, four weeks after the accident.

*Autopsy.*—Bladder somewhat thickened, but healthy, and containing eight or nine ounces of urine: ureters and pelvis of kidneys somewhat dilated; mucous membrane highly inflamed, some purulent fluid in the cavities of the pelvis. The kidneys were large and heavy, intensely red, with abundant deposits of lymph in the cortical substance, which appeared in some places to be softening into pus. A similar deposit, but in less quantity, was noticed in the tubular portion. No fracture of the spinal column was noticed.

*Cancer of Kidney with Bronchitis and Emphysema.*—By S. C. FOSTER, M. D., one of the physicians to Bellevue Hospital.

Thomas Gilmore, aged 69, Irish laborer, was admitted to Bellevue Hospital March 27th, 1851, from Randall's Island. Has no hereditary predisposition traceable, constitution good, had intermittent fever forty years ago for seventeen weeks, nine years since was a patient in this hospital for some thoracic disease. Two weeks previously to present admission, on exposure to wet and cold, was seized with a chill, followed by heat of skin, pain under the sternum, cough with muco-purulent expectoration, and great dyspnœa. At present has some dyspnœa and pain under the sternum, which is increased by cough; expectoration muco-purulent, and very copious: pulse 100, tongue slightly coated with a brownish fur; respirations 30 in a minute: bowels free, treatment palliative, died a day or two after admission, and before any careful examination had been made: symptoms of collapse came on unexpectedly and he sunk rapidly.

*Autopsy 22 hours after death.—Brain*, one or two ounces of serum in lateral ventricles, otherwise healthy. *Heart*, healthy. *Lungs*, bronchial tubes injected, very red; both lungs œdematous, exuding serum very copiously on cutting into them. *Right*, lower part showing well marked emphysema: one lobule resting upon the diaphragm distended into a cyst of nearly two inches in diameter; patches of an old pleurisy. *Left*, contains several obsolete tubercles: anterior and superior contains but little air, and presents the appearance of chronic lobular pneumonia. *Stomach*, a few ecchymosed spots observed, nothing else worthy of note. *Right Kidney*, large and somewhat congested. A lobulated, nearly spherical movable tumor was found attached to the upper extremity of the left kidney, measuring five inches in diameter, and weighing two pounds and five ounces: contents appeared to the touch to be part-

ly solid and partly fluid. Numerous large veins were found on the surface of the tumor and in the cellular tissue around it. The descending colon passed directly behind the tumor. On cutting into the kidney it was found nearly healthy in structure, except the upper portion, where a mass appeared projecting into the pelvis of the kidney, about the size of a hazel-nut, which on incision had the appearance of encephaloid matter. On careful dissection the proper tissue of the kidney was found to terminate in the diseased mass. The investing membrane apparently forming a continuous investment of the tumor. No cancerous disease was discovered in any other part. Other organs not mentioned were perfectly healthy.

*Case of Abscess of the Brain.*—By THOMAS F. COCK M. D., one of the physicians to Bellevue Hospital.

James McDonald, aged 40, native of Ireland, laborer by occupation, was admitted to Bellevue Hospital, August 14th, 1851. A few days before admission, while at work in the sun, he was suddenly attacked with a severe pain in the forehead, having previously been in good health though of intemperate habits. The pain had continued up to the time of admission without intermission. There was no corresponding constitutional disturbance, no acceleration of the pulse, no obtuseness of intellect, no paralysis; the only abnormal symptom being the pain in the head. His physical appearance was that of a robust healthy man. ℞. Mag. sulphat. ℥ j, blister to back of neck and Hoffman's anodyne ℥ ss, the first night. Aug. 15th. The salts have purged and the blister vesicated; no improvement. Ordered cups to temples, and calomel with rhubarb, āā grs. x. August 16th. No improvement; ordered blister to each temple, pulv. antimonialis, grs. iij, ter in die, for two days. August 18th. Blister to forehead 4×3; at night tinct. valerian and Hoffman's anodyne, āā ℥ i. also tart. ant. et potass. gr. ½ every two hours. 19th. Pain somewhat relieved since administration of tartar emetic. This improvement however was only temporary. Patient walks about the ward and yard, compressing his head with his hands; continues to eat and digest his food as if in perfect health. Sept. 1st, pain increased, appetite failing; patient sits by his bedside, his head clasped tightly by his hands, and resting on the bed. Ordered pulv. antimonialis. From this time patient's intellect became more and more obtuse: he ceased to complain of pain in the head, repeated questions put to him without returning any answer. His pulse diminished in frequency, falling to 55 per minute; he lingered in this condition several days, and expired at five o'clock P. M. Sept. 5th.

*Autopsy.*—On the anterior portion of the frontal bone was found a

space two inches in extent by one in breadth, irregular in shape denuded of its pericranium, the external table also being partly gone; extending from this diseased portion there is apparently a slight fissure. The part of the bone deprived of its pericranium is over the external portion of the orbit. There is no disease of the internal table; the membranes were considerably congested, the dura mater over the diseased portion of brain was thickened and adhered. The cerebral tissue beneath it was soft and diffluent. A portion of the brain over the posterior cornua of the right ventricle was softened, as also in a marked degree the anterior wall of the left ventricle and under surface of the fornix. Posteriorly to the diffluent portion above described is an abscess as large as a walnut, the walls of which are formed by a hardened reddish mass. The brain in its vicinity was pale and softened, other organs healthy.—*Sept.* 1851.

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ART. VII.—*Extracts from the French Journals; translated for the New-York Journal of Medicine, with remarks,* by H. N. BENNETT, M. D.

I. *New observations upon Hernias having remained several years irreducible, and afterwards reduced without accident.* By M. MALGAIGNE, Surgeon to the Hospital of St. Louis, Professor of Operative Medicine &c.

Since the publication of his memoir upon the reduction of old inguinal hernias, M. Malgaigne has had numerous occasions to treat analogous cases, and nearly always has succeeded in the reduction. He failed once only the past year, after a treatment of thirty days, in a patient whose hernia did not seem at first view to present any great obstacles to reduction. In return, he has quite recently succeeded in two cases, remarkable, the one by the enormous volume of the tumor composed entirely of intestines; the other by the great age of the patient and the rapidity of success. The following are the facts in all their details.

OBS. I.—*Enormous Inguinal Enterocele, irreducible for several years; complete reduction obtained in seventeen days.*—An ecclesiastic, aged 45 years, of tall stature, and well developed embonpoint, came to consult me in the course of July, 1851, for a right inguinal hernia, which he had borne for six years, and which, having been neglected, had become irreducible. It had hitherto exercised no deleterious influence on digestion, but its volume was continually increasing; and already very troublesome by reason of its mass and weight, it was to be feared it would

become still more so. The patient wished to know if it was susceptible of being reduced.

After the examination of the tumor, I remained a moment mute. I had indeed seen hernias as large, but the question of their reduction had never presented itself to my mind. However, the age, the health, the character even of the patient, created a lively desire to relieve him; but, on the other hand, would the abdomen yield to the re-entrance of such a mass? In this perplexity, I told him frankly my doubts; that nothing was less certain than success; nevertheless, that it might be tried with some chance still, and that a treatment of fifteen days would suffice to place us in a condition to pronounce upon the possibility or impossibility of the reduction. The patient having reflected upon the matter, resolved to submit to the trial: and the twentieth of July we commenced the treatment.

I took carefully the dimensions of the hernia. Although it was a little less than upon the first visit, the patient having kept his bed since the day previous, it was yet in its horizontal circumference 23 inches; in its vertical contour, from its origin at the ring to its perineal limit, 16 inches. To reduce these dimensions to something more striking, I may say that the circumference of 23 inches is that of the hat of an ordinary adult.

The whole tumor was tense, so that I could neither pinch up the skin upon it, nor glide my finger beneath up to the ring, nor recognize in any manner, by the touch, of what elements it was composed. It was every where resonant upon percussion, but considering the embonpoint of the patient, I feared to encounter afterwards a mass of thickened and adherent epiploon. The right testicle was, as it were, lost in the tumor; the penis had also lent it its integuments, and did not make the usual projection.

I put the patient upon severe diet, one meal of broth per day, and I purged him with a bottle of Seidlitz water. The purgation was efficient; the next day, the patient himself wished to omit the broth, but to appease the stomach he took as sparingly as possible a little wine and water.

The 22d, the tumor was much less tense; I measured it anew; the horizontal circumference was reduced to 22 inches, the vertical coutour to 14 inches. I could compress it and thereby produce gurglings. Encouraged by this first result, I ordered it covered day and night by compresses wet in a strong solution of sulphate of zinc, maintained by cloths which exercised at the same time a certain degree of compression, and I prescribed a new purgation.

The 24th, the vertical contour had diminished about one inch; the horizontal circumference remained nearly the same. The attempts at taxis, which I had commenced the preceding day, succeeded a little better; I could perceive gases and liquids re-enter the abdomen, but as soon as pressure was suspended, the tumor resumed the volume just mentioned. Another purgation.

The 25th, I was agreeably surprised by the news which the patient gave me, that in the night the tumor had almost wholly returned. Notwithstanding I had a fair opportunity to try taxis, I could return only a very small part of it; a circumstance which left me in great doubt upon the fact of the above mentioned reduction. But the purgation had again notably diminished the tumor. The horizontal circumference was reduced to nearly 21 inches, the vertical contour to 12 inches. In this latter direction then, the improvement in five days had been 4 inches.

We continued thus, uniting together compression, the taxis every morning, diet, and purgations every two or three days. The patient, sustained by a rare force of mind, and a resigned piety, aided me admirably. He endured the diet beyond all expectation, and the stomach did not suffer.

The 28th, there was a diminution of over an inch in both dimensions, and each day it seemed to me that the taxis succeeded better; but always as soon as the hands were removed, the tumor returned to the volume which we had previously determined by measurement. The enormous mass of intestines which glided between my fingers did not permit me to ascertain yet, whether there was among them any portion of epiploon; but I could already feel the ring, which was quite narrow, and as I scarcely retained any farther doubts of the possibility of the reduction, this narrowness of the ring, whilst it added to the difficulty of the reduction, became a favorable augury for the retention of the hernia by the bandage.

The 4th of August, I saw the patient with my excellent confrère M. Bobillier, of Dunkerque, who had come to consult me for an irreducible hernia of the same kind, which he himself bore, and the description of which we shall soon give. The taxis reduced the tumor, according to my estimate, to the fourth of its primitive volume. I ought not to omit two circumstances which prevented me from continuing very long the efforts of reduction; the first is, that each time that a new portion re-entered the abdomen, the patient suffered as if from painful pressure at the epigastrium, and I desisted: the second is, that at the end of seven or eight minutes the hands and the fingers, obliged to exert a sustained force to grasp and repel the hernial mass, grew numb and became the

seat of pains analogous to those of violent cramp, and I was consequently incapable of persisting.

The 5th I hoped for still better success; but the hernia was more resisting, the intestines seemed gorged with liquid and gas. I established then a strong and methodical compression by the aid of a wet napkin and a long band which covered all the scrotum, being attached to a handkerchief passed in the form of a girdle about the abdomen, and I prescribed another purgation.

The 6th I found the tumor more flaccid than ordinary, and after some minutes of taxis, I caused the whole hernia to return with a distinct gurgling. The sac was empty, there was neither epiploon, nor adhesions, and the return provoked no pain. I maintained the reduction with a bandage made for the occasion, with the aid of handkerchiefs, and I left my patient still upon low diet.

The next day something had protruded, but the patient had been able to return it himself. I now allowed him a potage.

The 8th, a bandage with the English spring, made under my directions, was applied, and from the first moment maintained the hernia. The patient had permission to get up, and to eat a little more.

The succeeding days, the bandage retaining the hernia perfectly, the patient resumed his ordinary occupation, and has not since suspended it.

OBS. 2. *Entero-epiploic inguinal hernia irreducible for several years, reduced in six days* (the case reported by M. Durand, pupil of the Hospitals). M. Bobillier, old surgeon in chief of the military hospital of Dunkerque, aged 68 years, was attacked seven years since by an inguinal hernia of the right side. This hernia was manifested at first by severe pains at the ring, which had led the patient to think that he had a neuralgia of the spermatic cord; but some days after, there appeared in the same region a small globular tumor, soft and indolent, which from the beginning appeared irreducible. A bandage being applied occasioned such suffering, that after having been several times modified it was definitively abandoned. The hernia, however, progressed, and finally acquired a very considerable volume. In the month of April, 1851, after a catarrh which had excited violent efforts of coughing, the tumor suddenly increased, became painful, and forced the patient to keep his bed during a period of twenty days. This accident appeared to him to merit immediate attention, and after mature reflection, he decided to come to Paris to consult M. Malgaigne.

The hernia occupied the right side of the scrotum, which was found considerably distended; its semi-vertical circumference was ten and a

half inches, and the horizontal circumference twelve and a half. It was generally soft, except in certain places where the thickened epiploon was felt adhering to the hernial sac, and offering to the feel a kind of nodosity. The testicle was situated beneath the hernia, and the tunica vaginalis seemed to contain a little serosity. The treatment commenced Tuesday the 25th of August. The patient was placed in bed, kept upon low diet, and two and a half ounces of sulphate of soda were administered to him.

The 27th, he had had abundant stools; cold cataplasms are applied upon the scrotum, which is retracted in such a manner that the tumor undergoes a considerable diminution.

The 28th, encouraged by the diminution of the tumor, M. Malgaigne makes a first trial of the taxis without effect.

The 29th, a second trial of the taxis causes the return of part of the tumor, but pains about the ring oblige him to desist.—Same treatment.

The 30th, the epiploic part of the tumor still resisting, the scrotum was compressed from this direction by the aid of wet compresses, and a long rolled band which was attached to a girdle passed about the abdomen. Unfortunately, some efforts of coughing occasioned a derangement in the apparatus, and a part of the tumor slipped underneath. The compression now produced pains in the groin; the patient consequently removed all the apparatus, and the whole hernia descended anew into the scrotum.—Two and a half ounces of sulphate of soda.

The 31st, M. Malgaigne not being able to attend, things remain in the same condition; cataplasms alone are applied upon the scrotum.

The 1st of Sept. M. Malgaigne recommences the taxis, which this time produces no pain, and in a few minutes the hernia is completely reduced. A T bandage is applied, made with napkins, which retains it perfectly; and the patient, who had hitherto wished to remain upon diet, takes some broth.

The next day, the reduction being still maintained, the patient placed himself upon a more abundant diet. The 3d of Sept. the T bandage was replaced by the bandage with the English spring, constructed according to the directions of M. Malgaigne. The hernia was found well maintained, and from this time the patient returned to his ordinary habits.—*Revue Medico-Chirurgicale.*

II.—*On Infanticide by immersion of the child in pulverulent materials.*

The following interesting and novel case, having an important bearing upon legal medicine, is reported by Dr. Adrian Beringuer, corres-

ponding member of the Medical Societies of Toulouse, Bordeaux, &c. I am not aware that any similar case is known to English medical literature, or that the consideration of such a method of strangulation is to be found in any work on Medical Jurisprudence.

The author very truly observes at the commencement of his report, that "there are few subjects in legal medicine which present so many different problems as infanticide. Each new crime is attended by new circumstances, by acts hitherto unknown. The conditions of the deed are infinitely diversified, and give rise to the most delicate and arduous questions for the expert who is obliged to interpret them."

The facts of the present case are, that a female named Cols, 29 years of age, had been a widow for four years; that she became pregnant and concealed her situation from every one, even her mother; and that on the 9th of October (1850), she was delivered in her chamber, *alone*, of an infant of the male sex. In order to be freed from it, she strangled or attempted to strangle the child, and afterwards hid it in a *grease pot filled with ashes.*

"Was the child living when it was deposited in the ashes? This question," says the reporter, "was of primary importance in the case, and it was not without some hesitation and embarrassment that I decided in the affirmative."

As is usual in such cases, the mother was first examined, and the examination left no doubt that she had been delivered within the previous twenty-four hours. The body of the child was next presented, which had been found, from information received from the mother herself, in a grease pot, covered with ashes.

After having washed it several times, to remove the ashes with which it was coated, and avoiding the immersion of the mouth in water, the following conditions were observed:—

1. This large infant, fat, well formed, without fetidity or any sign of putrefaction, presented a perfect proportion between the inferior and superior limbs.

2. It weighed a little rising of 7 pounds. Its total length was 20 inches, 10½ from the vertex to the umbilicus, and 9½ from the umbilicus to the sole of the foot.

3. The superior members were flexible and pale; the inferior were stiff, and presented violaceous marbled spots upon the internal face of the thighs.

4. The thorax was well developed, and very sonorous upon percussion.

5. The sexual parts had acquired a complete development; the two testicles were found in the scrotum.

6. The skin was every where dense, white, and perfectly organized; the nails well formed upon the hands and feet. Upon the head, the hair was quite thick, black, and three-fourths of an inch in length.

7. At the umbilicus was a very short portion of the cord, the length of which did not exceed three-fourths of an inch. Its smooth and rectilinear section, proved that it had been cut with a sharp instrument, such as scissors or a knife. I found no trace of a ligature.

8. The face and the whole scalp, more especially upon the left side, were very violaceous; no tumor, and no exterior lesions were apparent in this place.

9. The scalp being removed, the bones of the cranium were hard and resistant to pressure; they had a violet color, especially upon the left. This coloration, strongly marked externally, did not embrace the whole texture of the bone, and was not seen upon its internal face; it seemed to exist only in the pericranium. No trace of fracture either upon the arch or at the base of the skull. The anterior fontanelle was not of the largest kind; the posterior so small that it was scarcely appreciable.

10. The substance of the brain appeared to us healthy, but a little paler than ordinary in new-born children.

11. From the fold of the chin to the sternum, and upon a surface having the form of a trapezium, the large side of which was turned downwards, all the anterior part of the neck was very red, chafed, as if scraped by a cutting instrument; the skin, as if denuded of its epidermis, exhibited a *vermilion* red color, as if it had been galled by the finger nails. Notwithstanding, upon incising it there was no subjacent lesion. Dissected with care, the cellular tissue, the muscles, and the thyroid gland exhibited no trace of ecchymosis. I did not find the least drop of effused blood, the larynx and trachea showed no fracture; their mucous membrane, slightly rose-colored, was altogether normal as to its texture and color.

12. The mouth, palate, larynx, the nasal fossæ, the posterior fauces, even to the entrance of the glottis, were coated with ashes. They were found also in all the superior third of the œsophagus.

13. Proceeding afterwards to the opening of the chest, we observed that under the bistoury the muscles exhibited a beautiful red flesh color; a drop of black blood flowed from each little vein, divided by the edge of the instrument.

14. In the thorax we found the organs well formed. The lungs seemed to cover all the pericardium; they were rose-colored, soft to the feel; we removed them from the chest with the heart and thymus. After

having tied the trachea and the large vessels, we placed these organs in a large bucket of river water at 16o Reaumur, and they floated. Forced to the bottom of the vessel, these three organs rose promptly to the surface of the liquid. The result was the same in spring water at 12o R. Cut in small pieces, these lungs crepitated under the bistoury. Each piece, pressed between the fingers under water, rose again rapidly to the surface.

15. After having removed the heart and thymus, the lungs alone weighed 893 grains.

16. The heart and large vessels contained black blood, but not in considerable quantity. Upon the inter-auricular partition was seen a sort of transverse hiatus, in which a stylet could be introduced; it was the foramen ovalis not yet obliterated.

17. It was with difficulty that a very delicate stylet could be made to follow the track of the vein and arteries of the umbilical cord.

18. The viscera of the abdomen exhibited no morbid alteration or vice of conformation. The liver, of a reddish brown, and perfectly healthy, weighed 2261 grains. The bladder was empty. The large intestines contained a deep green and very viscous meconium.

*Conclusions.*—From the facts set forth above, it seems proved:—

1. That the infant was born at term, viable, and well constituted. This is demonstrated by the solidity of the bones, and the proportionate volume of all the organs. (See Arts. 1, 2, 4, 5, 6 and 18.)

2. That it was born with the head presenting, as is demonstrated by the violaceous color of the scalp and pericranium, as well as the absence of any trace which indicated that the breech, feet or knees were the presenting part. (Arts. 8 and 9.)

3. That it was born living, and that it breathed freely for some moments, and, perhaps, some hours, demonstrated by the specific lightness of the lungs. (Arts. 4, 14 and 15.)

4. That it died a short time after birth; indicated by the presence of the meconium in the large intestine, and by the state of the vessels of the umbilical cord. (Arts. 18 and 17.)

5. That its death could not have occurred more than twenty-four hours previous, since there was no trace of putrefaction.

6. That although some traces at an attempt at strangulation were perceptible at the anterior part of the neck; and although ashes were found at the very entrance of the glottis, death was not produced by suffocation or asphyxia; because the respiratory organs show no alteration. (Arts. 11, 12 and 14.)

7. That death could not be attributed to hemorrhage from the um-

bilical cord, since the corpse and the interior viscera of the fœtus did not present an exsanguine appearance (Art. 13), and notwithstanding the pallor of the cerebral pulp and the inconsiderable quantity of blood which was found in the cavities of the heart and large vessels might lead us to admit, that the loss of the blood from want of ligation of the cord was very large, and might have considerably enfeebled the newborn child. (Arts. 10 and 16.)

Consequently, we incline to think that there may have been an attempt at strangulation; that the hemorrhage by the cord may have compromised the life of the infant, but *that it still breathed* when it was deposited in the vessel filled with ashes.

It is not all, to be able to say to courts of justice that a child has come into the world viable and living; the expert is yet required to demonstrate to what kind of death it has succumbed. In this case the infant did not lose blood by the umbilical cord in sufficiently large quantity to produce complete anemia; the attentive examination of the dead body did not allow us to admit this supposition; furthermore, some accoucheurs have maintained that the omission of the ligature of the cord is not always followed by a mortal hemorrhage. The chafing and excoriations observed at the anterior part of the neck, and evidently produced during life, led us to think that there had been strangulation; but the state of the subjacent organs, the absence of spumous matter in the trachea, the color of the lungs, &c., did not authorize us to remain of this opinion. The child was taken from a vessel filled with ashes, and there it must have died, suffocated by the pulverulent molecules. It did not perish from asphyxia, since the anatomical proofs of asphyxia were wanting in the little corpse; but it was in the ashes that the infant drew its last breath. We are compelled to adhere to this latter supposition, because the ashes descended very low in the œsophagus, and were suddenly arrested about the entrance of the glottis. This demonstrates that their introduction took place during life, and that the epiglottis, applying itself energetically to the glottis, had prevented their entrance into the air passages. If they had entered, it could not have been till after death, under favor of the patent state of all the organs, and with the aid of concussions given to the vessel filled with ashes.

This child, then, was deposited living in the grease pot, where it was afterwards covered by the pulverulent materials. These are the facts, because science demonstrates them, and because the confessions of the mother after her condemnation, confirmed in every point the conclusions of this report.

Three other questions, purely scientific, present themselves to the expert; and this memoir has for its object their solution.

1. In a medium, formed of pulverulent materials, is death instantaneous, or may it be prolonged for a certain time?

2. In such circumstances, do the powders, such as ashes, flour, ground plaster, &c., penetrate into the air passages? To what depth do they engage in the digestive passages?

What are the anatomical characters presented by the lungs of a newborn child thus suffocated in pulverulent materials?

These questions cannot be resolved except by experiment. Few sciences are better illustrated by experiments on living animals than legal medicine. All the important researches of our jurist physicians testify to this fact, and are almost all based upon the experimental principle. The chapter on infanticide, above all, presents a host of questions which could not be resolved in any other manner. This crime has been studied in all its aspects; one page of the Legal Medicine of M. Devergie is devoted to the enumeration of all the means devised by unnatural mothers who have sought the death of their infants. Not one has conceived the idea of suffocation in ashes. This is a new fact in the annals of French legal medicine, and consequently the questions which this means of infanticide may raise on the part of juries and advocates are unforeseen, and require the expert to examine all the parts which may render him capable of giving clear and categorical answers. A short note inserted in the thirteenth volume of *Annales d'Hygiène Publique, et de Médecine Legale,* informs us that at Anvers, Dr. Matthysen experimented upon rabbits and young cats, to determine the manner in which these animals would perish when buried in ashes. But this note is so succinct and so incomplete, that it leaves all the questions without solution, and it has been of no service to us.

To resolve the three questions which I proposed, I commenced by burying four shepherd dogs in ashes, three hours after their birth. They lived fifteen hours in this pulverulent medium, and at the autopsy their lungs appeared a little redder than in the normal state. The ashes had penetrated to the middle of the œsophagus; the nasal fossæ and pharynx were filled with them. Not an atom had passed into the trachea; they were arrested in a very perfect manner about the entrance of the glottis.

Before passing to other experiments, I took some young dogs of a large species, and left them to die in the open air, whilst others were drowned in a pool of water. In the first, the lungs were slightly rose-colored, almost white; in the second, the color was a very deep brownish red. In the dogs which had been suffocated in the ashes, it was an intermediate shade. The pulmonary parenchyma, without being of a

brownish red as in asphyxiated subjects, was sufficiently red to testify that during life respiration had been difficult and impeded. Notwithstanding, I found no spumous matter in the large bronchi.

Comparative trials were made afterwards with other substances reduced to powder, such as plaster and the fecula of wheat.

Ashes always penetrated farther into the œsophagean canal than other pulverulent matters. Plaster and farina formed a paste with the mucosities of the mouth and pharynx, and they adhered to the walls of these cavities without becoming engaged in the digestive passages and being conducted into the stomach by the efforts of deglutition.

In the fecula of wheat the animals lived some hours less than in the other pulverulent materials; it appeared to agglutinate upon the epiglottis, and to constrain its movements: notwithstanding, the young dogs suffocated in the wheat flour did not exhibit at their autopsy a deeper colored pulmonary parenchyma, than those which died in ashes or plaster.

To sum up, our experiments have shown us:—

1. That death is not instantaneous to beings placed living in pulverulent matters; the air interposed between the molecules of these powders is sufficient to prevent death by asphyxia.

2. In animals buried alive in pulverulent materials, the latter being retained in the epiglottis which is applied convulsively upon the glottis, never penetrate into the larynx. They fill the nasal fossæ and pharynx and occasionally enter the œsophagus. I have never found them in the stomach.

3. The lungs of animals which have succumbed in pulverulent materials, exhibit in their shade of red, an intermediate color between that which is proper to the lungs of animals dying in the open air, and those which have been asphyxiated.—*Journal des Connaissances Medico-Chirurgicales.*

[From the facts set forth in the above paper, it appears evident that suffocation by immersion in pulverulent materials, is much less prompt than in fluids, and that the congestive effects upon the lungs are also much less. This is not, I think, the conclusion we should have drawn at the first view of this subject. It would seem that lungs laboring for hours to draw in a very scanty supply of atmospheric air, must present as marked anatomical lesions as when the respiration is suddenly suspended, and death takes place in a few minutes. It is probable, however, that the heart and arteries, becoming gradually enfeebled with the waning vital powers, cease to act, more in unison with the cessation of the respiratory functions; or in other words, that death occurs more simulta-

neously in the two functions of respiration and circulation, and that the heart in the slow suffocation does not, at the time of death, impel so large a quantity of blood into the lungs.

In the case of the infant mentioned above, there appears to me to have been another cause for the want of the congested state of the pulmonic tissues, namely, the large loss of blood by the umbilical cord previous to the immersion in ashes. This loss not only removed a considerable quantity of blood from the circulation, but had also a tendency to produce the effect of materially diminishing the action of the heart; and the probability is, the life of the child was brief after being placed in the pulverulent medium.— H. N. B.]

III. *New effect of the administration of Chloroform.*—Dr. Guisard presented the following note for publication:—

"My child, a boy of three years, attacked by a painful phymosis, could not or rather would not perform the acts of micturition and defecation, from an apprehension of the excessive pains which the muscular contractions necessary to these acts would create in the diseased part. The consequence was a retention of urine and fecal matters. The 8th of July last he was upon the point of being operated upon for his phymosis by my confrère and friend, M. Rigal. In order to relieve the little patient of the pain of the operation, we administered chloroform. Scarcely had my child become insensible, and fallen into a state of general resolution, when the urine escaped by a large rapid jet, and the fecal matters, diluted by several enemata given in the morning, soon followed with no less impetuosity. The bladder and the rectum were completely emptied. Have we not discovered, exclaimed M. Rigal and myself, much astonished, a new and precious therapeutic resource in cases of spasmodic retention either of the urine or fecal matters?

The next day, twenty-four hours after, my little patient, still prevented by fear of the violent pains, had not urinated. Instead of having recourse, as previously, to the sound and the able hand of M. Rigal, in presence of a full bladder, tympanism of the abdomen, burning heat of the skin, the complaints of the child, his resistance to micturition in spite of entreaties, promises and threats, I laid him upon his mother's lap and administered by force a small quantity of chloroform. Scarcely had his limbs and the whole body, yielding to the action of the anæsthetic agent, fallen into a state of resolution, when the child urinated, as upon the previous day, in a perfect manner. But what was remarkable, the child was not completely insensible: he had preserved his intelligence and consciousness of exterior life, which was manifested by his saying to us that it no longer hurt him to make water.— *Union Medicale.*

# PART SECOND.

# CRITICAL ANALYSIS.

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ART. VIII.—*A Practical Treatise on Diseases of the Skin*:—By J. MOORE NELIGAN, M. D., M. R. I. A., Lecturer on the Practice of Medicine in the Dublin School of Medicine; Physician to the Jervis-street Hospital, etc. Philadelphia: BLANCHARD and LEA, 1852. 12mo., pp. 333.

THIS excellent treatise is characterized by that discriminating good sense, sound judgment, simplicity and perspicuity of arrangement, and that highly practical value that so eminently mark all of Dr. Neligan's contributions to medical science. Though it is a very concise and unpretending manual, it possesses the great merit of being in every respect adapted to the object intended by its author, viz.: an aid to the diagnosis and treatment of cutaneous diseases. The work is enriched with the fruits of its author's ample experience in the study and treatment of this class of diseases. We know of no other treatise on this insteresting and important class of diseases, that so happily meets the urgent wants of the great mass of physicians.

The author remarks that he has endeavored to condense the inquiry he proposed to himself, within as narrow limits as possible, being fully aware how great an evil a great book is to the physician busily engaged in practice.

Dr. Neligan has attempted no new nosological arrangement, but he makes a judicious use of what *is known* of the nature and the relations of the different forms of disease affecting the skin. He justly remarks that "no subject in the study of medicine has created more difficulty, or for a longer period tended to retard its advancement, than that of nosological arrangements. As regards diseases generally, it is now agreed by all

that the less complicated and more simple the classification under which they are arranged, for the purposes of description or teaching, the more advantageous it is for the acquirement of a knowledge of them. Simplicity, I need scarcely say, is of equal advantage in classifying any special set of diseases, as those of the skin; yet even in our own time it seems to me to be strangely overlooked by dermatologists; writer after writer, impelled, as it were, by an ambition to devise something novel, propounds a new classification, careless how complicated and difficult of being comprehended it may be, provided only it differs from those which precede."

Added to, and growing out of all this labored pedantry and confusion in the classifications of cutaneous affections, is *a burdensome and faulty nomenclature*, compounded from the Arabic, the Greek, and divers other languages; and inasmuch as these terms, which ought to be descriptive, in many instances utterly fail to denote any real characteristic of the forms of disease to which they are appended, the study of these diseases is justly considered vexatious and difficult. We believe with M. Rayer, that "in the course of time it will no doubt become necessary completely to remodel the *nomenclature* of diseases of the skin on an uniform basis." But the day for such a desirable reform has not yet arrived; indeed, the efforts of M. Alibert and others who have attempted such reform, have but rendered confusion worse confounded. In the present state of our knowledge of the etiology, and of the anatomico-pathological characteristics of the various and ever-varying forms of diseases affecting the skin, it is manifestly impossible to devise any classification and nomenclature that shall be perfectly unobjectionable, or that will long endure. Willan's system, which was an extension and improvement of Plenck's, has been of greater practical service than any other; indeed, its nomenclature may be said to have outlived all others. That some advancement has been made in this department of pathological investigation, since the days of Mercurialis of Padua, (*De Morbis Cutaneis*, 1633), may be judged from the fact stated by Mr. Plumbe, that "a very large portion of these diseases were surrendered to the management of empirics and old women, almost as a matter of course, before Willan's publication appeared,"—at that period, he continues, "the blind practice of the empiric was of so successful a character, compared to that of the medical practitioner, as to exclude the latter from any very extensive opportunities for studying such dieases." Willan's system is strictly an artificial one, based on the external characteristics of cutaneous affections, without reference to the etiological causes, or to the anatomico-pathological history of these diseases. Obviously imper-

fect as such a system must be, it is nevertheless true that, like the Linnæan system of classifications in natural history, it has served an important practical purpose. The valuable labors of Erasmus Wilson, and M. Cazenave, whose systems are based on the anatomico-patholgical peculiarities of the different forms of cutaneous diseases, mark the highest stage of our progress towards a *natural* system of classification. Mr. Wilson arranges all cutaneous diseases under four primary classes, viz.:—

1. Diseases of the Derma.
2. Diseases of the Sudoriporous Glands.
3. Diseases of the Sebiporous Glands.
4. Diseases of the Hair and Hair Follicles.

His secondary divisions are made with reference to the nature of the pathological events of each form of disease. The natural system adopted by M. Cazenave is somewhat similar to Mr. Wilson's, but less perspicuous.

Inasmuch as any classification of cutaneous diseases, that is based exclusively on the pathological changes and events of their several forms, must, in the present state of our knowledge, be quite imperfect and complicated, and also inasmuch as these diseases are primarily and principally known to us, not by their anatomical alterations or their pathological history, but by their external characteristics that are recognizable by the eye of the observer; it is far easier to attain a knowledge of them by the aid of a classification, based on the phenomena that they present, together with such additional helps as may be otained from our *actual knowledge* of the nature of the morbid changes occurring in them. If dermatologists would follow out such a plan in their classifications and arrangements, these will at length become resolved into a *natural system*, unburdened of synonymous and conflicting terms. Dr. Neligan seems to have discovered and acted upon this natural and true method of reform in classification and arrangement; and although this improvement was incidental to his main object, viz., the production of a rational, accurate, and practical treatise, he has obviously indicated the best method for improvement and reform. He modestly remarks: "I wish *in limine* to disclaim any pretensions to originality. My chief object is to endeavor to simplify a subject which has often not received from the student and practitioner the attention it merits, owing to the difficulties with which complicated arrangements and ever-changing nomenclature have invested it. I shall therefore take advantage of the labors of those who have preceded me, and endeavor to reduce the grouping together of cutaneous eruptions to as few subdivisions as attention to accuracy will admit."

Omitting further discussion of the merits of systems and arrangements, let us proceed to the practical portion of Dr. Neligan's work,

"The classification in the drawing up in which I have had chiefly in view an attempt to simplify what is admittedly a difficult study, may be tabulated as follows:—

| ORDER. | GENERA. |
|---|---|
| 1. *Exanthemata*, | Erythemæ, Erysipelas, Urticaria, Roseola. |
| 2. *Vesiculæ*, | Eczema, Herpes, Pemphigus, Rupia, Scabies. |
| 3. *Pustulæ*, | Acne, Impetigo, Ecthyma. |
| 4. *Papulæ*, | Lichen, Prurigo. |
| 5. *Squamæ*, | Psoriasis, Pityriasis. |
| 6. *Hypertrophiæ*, | Ichthyosis, Molluscum, Stearrhœa, Elephantiasis, Verruca, Clavus, Callositates, Condylomata, Nævus. |
| 7. *Hemorrhagiæ*, | Purpura. |
| 8. *Maculæ*, | Vitiligo, Ephilis. |
| 9. *Cancrodes*, | Lupus, Kelois. |
| 10. *Dermatophytæ*, | Porrigo, Sycosis. |

SUPPLEMENTARY GROUPS.

*Syphilides.*
*Diseases of the Appendages of the Skin.*

EXANTHEMATA.—For obvious reasons, Dr. Neligan wholly omits from the catalogue of cutaneous diseases that interesting and important group of eruptive fevers characterized by inflammation of the derma and the *mucous membranes*, with *specific constitutional symptoms*, viz., rubeola, scarlatina, etc. In this he follows Mr. Plumbe, M. Fabre, and others. With this omission, the most important genus of the exanthemata is erysipelas: varieties, E. *idiopathicum* and E. *traumaticum*. The E. *erraticum*, the E. *metastaticum*, the E. *œdematodes*, the E. *phlegmonoides*, and the E. *gangrenosum*, of dermatologists, cannot be considered as strictly distinct species, inasmuch as they evidently all depend upon a common cause, and for their individual peculiarities are dependent upon accidental or contingent circumstances. It is important, however, for the physician to bear in mind what those contingent circumstances are by which the particular form of erysipelas is determined.

Dr. Neligan remarks that, "with reference to the *pathology* of erysipelas, it is evidently an acute inflammation of all the structures of the skin, the vascular rete being chiefly affected." The extension of this inflammatory action to the sub-cutaneous and inter-muscular areolar tissue marks the gravity of the disease. The same is the case also when the inflammatory action extends to the internal organs of the body.

Dr. Neligan remarks that, "in the course of erysipelas, the inflammation sometimes attacks one or more of the internal organs, as the membranes of the brain, the larynx, and the trachea, or a gastro-intestinal mucous membrane. By some this is supposed to be a metastasis; but in all the cases that I have seen in which any internal part of the body became thus afflicted, the local erysipelatous inflammation still remained unchanged."

Says Dr. Robert Williams, (*Elements of Practical Medicine,*) "The law that the specific action of the poison of erysipelas is on the skin and cellular tissue, has no exception. The affection of the cellular tissue varies greatly in degree, but I do not remember to have seen any case in which it was altogether wanting. The tertiary actions of the poison on the membranes of the brain seldom occur except in erysipelas of the head, and in those cases they are rarely absent. The affection of the mucous membranes is occasional, and takes place only in a small number of cases;" and he further remarks, concerning the progress and gravity of erysipelatous imflammation, "It is seldom that erysipelas is limited to a simple affection of the skin; for more commonly at some period of the disease the corresponding portion of the cellular tissue becomes the seat either of serous, adhesive, suppurative, or of gangrenous inflammation."

Respecting the causes of erysipelas, Dr. Neligan remarks that the disease is often seen to arise from the same causes as those which under other circumstances produce fever; it follows exposure to cold or wet, especially when persons so exposed are deprived of the usual food or stimulants: I saw several cases of erysipelas of the face and head occurring in car-drivers and others, who from their occupation were much exposed to the weather, at the time when the temperance movement first commenced in Ireland, and in whom the disease was evidently traceable to the want of the stimuli which they had been previously in the habit of using freely. In many cases its origin can be distinctly ascribed either to some local action, as in the traumatic form, or when it is produced by some direct irritant, or to some general constitutional disturbance; indeed the latter may be said to be always requisite as a predisposing cause."

Dr. Neligan's experience fully sustains the doctrine of the contagiousness of erysipelas. He says: "The direct proofs now accumulated are too numerous and too certain, I think, for the question to be any longer one of doubt, and no British surgeon would, I feel confident, undertake an operation in an hospital in which erysipelas was present."

Though the etiology of erysipelas is in many cases obscure, there

are good reasons for believing that it is a disease of strictly *Zymotic* origin. The history of endemic and epidemic erysipelas, as it has repeatedly manifested itself in this country, especially in some rural districts of the State of N. Y. during the last few years, corroborates this doctrine. Speaking of the cause of erysipelas, Dr. Williams (op. citat.) makes the following remarks: "The more probable hypothesis of the remote cause of this disease is, that a poison producing erysipelas exists at all times diffused through the atmosphere, varying greatly in quantity or intensity." Dr. Willan demonstrated the contagious nature of erysipelas, by inoculating a person with the fluid of a phlyctena of genuine erysipelas; and the history of this disease, as it has frequently prevailed in the principal hospitals in the United States and in Great Britain, fully establishes the fact that erysipelas is a contagious disease. Dr. Williams, whom we have previously quoted, asserts that erysipelas "is infinitely more infectious than typhus."

In the *treatment* of erysipelas, Dr. Neligan's experience is "decidedly in favor of the stimulant plan." He says:—

"I ordinarily rely on the use of bark, which I give from the commencement of the disease;—in the very old or debilitated, combining it with the tincture of serpentaria, at the same time giving wine and nourishing diet according to the circumstances of each case. . . . . I consider the use of purgatives in the early stage of erysipelas as decidedly objectionable: they tend to increase the debility, usually so important a characteristic feature of danger, and determining to the mucous membrane of the alimentary canal, and to the abdominal viscera, their action prevents the full development of the eruption on the cutaneous surface, and thus gives rise to transference of the inflammation to some internal organ.

"If any internal organ be attacked during the erysipelas, the most active derivatives to the surface should be employed. . . . . In the milder forms of idiopathic erysipelas, the best and only local treatment consists in dusting the inflamed parts freely with wheaten flour, or finely powdered starch. When the vesications are numerous, and the discharge excessive, I have found the addition of a drachm of oxide of zinc, and twenty grains of finely powdered carbonate of lead to half a pound of starch, of much advantage. When erysipelas is spreading rapidly, although superficially, over the cutaneous surface, inunction with mercurial ointment has in my experience more effect than any other local application in checking its progress. The ordinary mercurial ointment, to every ounce of which a drachm of glycerine has been added, should be smeared thickly over the inflamed surface, and on the sound skin for a considerable distance around;—applied twice in the twenty-four hours."

In the severe forms of phlegmonous and traumatic erysipelas, in

which there is much deep-seated effusion, Dr. Neligan highly recommends the practice of free incisions and punctures, so strongly advocated by Gurthrie, Lawrence and others.

*Urticaria.*—This troublesome affection often depends upon a defective depuration of the blood, as has been shown by Dr. Graves, and Dr. Maclagan. The pathology of this affection is worthy of further investigation. In its treatment, Dr. Neligan uses gentle purgatives and diaphoretics in the febrile form of the disease; and in the periodic and chronic forms, he has found the chalybeate and the bitter tonics most serviceable. To allay the intolerable itching, that torments the sufferer from urticaria, he has found more benefit from a weak spiritous lotion, containing a small quantity of the carbonate of potassa, and an ointment of cold cream and chloroform, a half drachm of the latter, to an ounce of the cream, thoroughly mixed, and smeared on rather thickly.

VESICULÆ.—In this, the most common class of cutaneous affections, our author has included scabies, and has not even honored by a suborder or group, that vagrant and infinitesimal propagator of the disease, to which the Acarus scabiei sustains such suspicious relation.

Dr. Neligan remarks that as cases do occur in which even the most experienced observers are unable to detect the itch animalcule, he cannot admit that its presence is necessary to and pathognomonic of the disease.

Owing to the peculiarly contagious and the extremely disgusting character of scabies, it is of the highest importance that every physician be able to decide in any case of a suspicious vesicular or pustular eruption, whether it is or is not *scabies;* and when a case of this affection comes under the care of a physician he should see to it that the proper course of treatment is faithfully carried out. At the Hospital St. Louis, the whole process of cure is now accomplished in *two hours.* The alkaline sulphur ointment, *Pommade d'Helmerich*, composed of two parts of sulphur, one of carbonate of potassa, and eight of lard, with the aid of proper ablutions, constitute all the agencies used in the cure of scabies in that institution. Out of more than 1100 cases only 8 failed of cure.

*Eczema.*—This is one of the most important of vesicular diseases, and it is altogether the most prevalent of any cutaneous affection; often presenting difficulties in diagnosis, and proving exceedingly rebellious to treatment. Dr. Neligan remarks:

"Eczema differs much in appearance, as it occurs on the parts of the cutaneous surface which are ordinarily covered, or exposed, or on which hair grows. . . . *Eczema capitis* soon loses its vesicular

character, and in its various stages presents so much diversity of appearance that its diagnosis is not always unattended with difficulty. In most cases the vesicles are so minute as to be scarcely recognizable, or at least are not seen by the physician until they have burst and given exit to a copious exudation of a serous fluid, by which the roots of the hair are accreted together. In some cases this exudation rapidly dries into furfuraceous scales which are pushed forward by the hair as it grows.

"*Treatment.*—Eczema is essentially an inflammatory eruption, even in its most chronic stages, and this fact should always influence our choice of remedies, whether topical or constitutional. · · · · If simple eczema occurs in children of a scrofulous diathesis, it is very apt to become chronic; when it does so, local remedies seem to have little effect on the eruption, but it yields rapidly to the internal administration of cod-liver oil, and the daily use of the tepid freshwater bath.

"*E. rubrum*, when it becomes chronic, is usually most rebellious to treatment, and requires the employment of internal specific or alterative medicines to produce a change in the state of the constitution with which it is combined, or on which it may depend, and this is requisite even though the eruption is of small extent and local. In delicate constitutions, or if debility be present, the iodide of potassium is the best form. The itching and copious secretion attendant on chronic eczema demand the employment of local sedatives and astringents. The compound lead-cerate of the London Pharmacopœia (*Ceratum Plumbi Subacetatis*, U. S.) to every ounce of which two drachms of glycerine and eight minims of chloroform have been added, constitutes a most useful ointment; or the carbonate of lead or the acetate of zinc ointment may be substituted for it should there be much tendency to local inflammatory action. No matter what local remedy is employed, it will be found of advantage to sponge the affected parts carefully with a *weak* alkaline solution—ten grains of carbonate of soda to a pint of distilled water, each time previously to its application."

"*Herpes.*—This term is now employed to designate an eruption of small globular vesicles clustered together, and often regularly grouped on inflamed patches of skin, usually of small extent and distinctly separated. It is described by most English dermatologists as being non-contagious, but an accumulation of direct evidence has convinced me that the eruption is propagated by contagion, no matter on what part of the cutaneous surface it may be situated."

The *H. circinatus*, is probably the only variety of herpes that is contagious; but that this variety is contagious, Dr. Neligan's experience has fully established, and his opinion on this subject is confirmed by that of M. Cazenave.

Speaking of *H. circinatus*, Bateman remarks that "the herpetic ringworm is commonly seen in children, *and has been deemed contagious.*" This form of herpes is not unfrequently confounded with *Lichen circumscriptus*, and when it occurs on the scalp, with *Porrigo favosa*, which are

widely different diseases, demanding very different therapeutic treatment. In the treatment of herpes, Dr. Neligan recommends mild antiphlogistic measures,—saline and mercurial purgatives. In chronic cases of the *H. circinatus*, he remarks that "constitutional treatment is generally required for its removal, and preparations of iodine, with or without tonics, according to individual circumstances, are usually the most efficacious; as regards local applications, astringent ointments and alkaline lotions prove, in most cases, successful; an ointment consisting of four grains of the dried sulphate of iron, an ounce of white wax ointment and a drachm of glycerine, should be smeared over the eruption three times a day." In the herpes capitis in children, he has found the green iodide of mercury the best alterative remedy.

*Pemphigus.*—Of the pathology of this disease, Dr. Neligan remarks that "it is manifestly an atonic inflammation of the superficial layers of the skin, which terminates in serous effusion."

"*Treatment.*—Wine and generous diet should be allowed in all cases of *chronic* pemphigus." In the acute forms of the eruption, active treatment is seldom required.

"PUSTULÆ—*Impetigo.*—The constitutional causes of this disease are more or less connected with the scrofulous diathesis. . . . .

"*Treatment.*—The acute stages of impetigo occurring in young persons of robust constitution, require rather active antiphlogistic treatment. In children or adults of the scrofulous diathesis, cod-liver oil is the best tonic. It should be given in small doses—large doses of this remedy are apt to aggravate the disease, apparently from its over-stimulating action on the system.

"In the chronic stages of the eruption, the administration of more decidedly alterative medicines is requisite, and a mild mercurial course is often singularly efficacious, especially when the mercury is combined with iodine and alkalies. In the impetigo of infants the alkaline treatment is of especial service.

"The local treatment of impetigo is of even more importance than the constitutional, for upon its judicious application in the first instance, most frequently depends the duration of the disease. It is especially necessary to keep constantly in view that the eruption is of an inflammatory nature, and that even in its most chronic stages a fresh outbreak of inflammation, attended with a new crop of pustules, may be readily excited. The very production of the disease in so many cases, by the direct influence of irritants, sufficiently proves this, and should warn against the use of irritating applications, which have been often too indiscriminately recommended. In the acute stages, no matter on what part of the cutaneous surface the eruption may occur, alkaline ointments are of especial service, and should there be much local irritation and tingling, chloroform will be beneficially combined with them, as in the following form:

℞.—Sodæ Bicarbonatis . . gr. xx.
Adipis præpariti . . . 3j.
Chloroformi . . . m. iv.
Misce.

"In children, the use of a purely milk and farinaceous diet will be found to expedite the cure."

"*Ecthyma.*—In all forms of ecthyma, the patient should be kept in the open air as much as possible."

"Papulæ.—*Lichen.—Treatment*—In all papular eruptions a manifest indication of treatment is derived from the hyperæsthesia of the cutaneous structure which accompanies them in their acute as well as in their chronic stages, and this should always influence our choice of remedies. In the early stages, local applications will, in general, be found sufficient to check the progress of the eruption, unless when symptoms of inflammatory action are present; when, however, these have become chronic, the most active constitutional alterative treatment is required.

"To allay the itching and local irritation, tepid baths of fresh water may be employed daily, and the skin, having been well dried, smeared afterwards with olive oil, to every ounce of which twenty minims of chloroform have been added. If the disease exhibits any disposition to become chronic, the compound lead-cerate with glycerine may be applied to the surface, and the parts sponged twice daily with an alkaline spirituous wash."

Both in the early and the chronic stages of *L. Agrius*, Dr. Neligan highly recommends local depletion by leeches applied to the sound skin in the vicinity of the eruption. In the chronic stages of this most troublesome form of lichen, he recommends combinations of iodine with iron or arsenic. He remarks that, "it was at one time too much the custom to administer sulphur for nearly every form of cutaneous eruption; its use often proves highly injurious, owing to the direct stimulant action it exercises."

"*Prurigo.*—As regards the *pathology* of prurigo, itis evidently chiefly a hyperæsthesia of the cutaneous structure, the changes in the state of the skin which attend it being usually produced by the local irritation thereby occasioned. *Treatment.*—If this view of the pathology of the disease is correct, it is manifest, constitutional remedies are most to be relied upon in its treatment; nevertheless, as in other nervous affections, topical medication should not be neglected, and is often attended with the best results. The state of the general health should, in all cases, first receive attention, for, until this is regulated as far as practicable, the employment of remedies more immediately directed to the disease will be found useless."

As a local application, Dr. Neligan has derived most satisfactory results from the use of chloroform in the form of ointment. Alkaline washes must be used daily.

SQUAMÆ.—The squamous diseases of the skin, Dr. Neligan considers to be essentially chronic and non-inflammatory in their nature, and he believes that they are dependent upon the scrofulous diathesis. Their truly scrofulous nature he thinks may justly be inferred from the fact that the same class of alteratives and tonics is required for their treatment and cure, as is required in scrofulous affections; and this relation of the scaly eruptions to the scrofulous diathesis is rendered still more manifest when we take into consideration the states of the system and also the causes under which these eruptions occur, together with their frequent hereditary character, their liability to recur, &c. In the practice of one of our largest Medical Charities in the city of New-York, we have had very frequent occasion to observe this relation of scaly eruptions to scrofula. In a very large number of cases in which we have investigated the history of squamous diseases of the skin, we have found various scrofulous affections to be coincident in the same family, and often in the same person.

"*Psoriasis.*—In consequence of its extreme obstinacy and usually chronic character, there is probably no eruption of the skin, for the treatment of which so many varied remedies have been and still are proposed, as for psoriasis. Some trust altogether to topical medication for its cure, while others rely exclusively on constitutional remedies; both are needed, and neither should be neglected: the former must be used when the eruption has lasted for any length of time, or when it affects an extended surface of the skin, to produce a new local action, and to remove the diseased condition of the integuments; while the latter is required to correct any deviation from a healthy state, whether functional or organic, of the internal organs, which may be present, and to alter the constitutional derangement, to the existence of which the eruption is due. Before commencing any plan of treatment, therefore, it is necessary to take into account the age, constitution, and diathesis of the patient, the extent of surface affected, and the previous duration of the disease. . . . . In the more aggravated forms of psoriasis, or when the disease has become chronic, recourse must be had to the more active alteratives, some of which have acquired a sort of *specific* reputation for the treatment of scaly diseases; and of all that have been used, none effects a cure so frequently as arsenic. . . . . In every case, the beneficial action of this medicine is more decided and more speedily manifested when iodine or the iodide of potassium is employed at the same time, or alternated with it, and in those cases—not few in number—in which arsenic disagrees, the preparations of iodine suffice usually to the cure of the disease. . . . . Donovan's solution of the hydriodate of arsenic and mercury is especially applicable for those cases in which the eruption is either a secondary symptom, or is connected with a syphilitic taint in the system; but from my own experience, I do not think that mercurial preparations in

any form are generally applicable for scaly diseases, except in the local forms appearing in children: I have consequently, for some years back, substituted for Donovan's solution a compound in which mercury is replaced by the iodine of potassium. This mixture may then be termed an *Iodureted solution of the Iodide of Potassium and Arsenic.* It is prescribed in the following form:—

℞.—Liquoris Arsenicalis . . . m. lxxx.
Iodidi Potassii . . . . gr. xvj.
Iodini puri . . . . . gr. iv.
Syrupi Florum Aurantii . fl. ʒij.
Solve.

Forty minims of this solution may be given three times a day.

. . . . The simple freshwater tepid bath, has proved, in my experience the best topical remedy, I might almost say the only one needed."

"Pityriasis.—The causes of pityriasis are very obscure; in most cases it is manifestly a constitutional affection. . . . . The eruption, when general, appears to be more or less connected with some deranged state of the nervous system, especially when that state is accompanied by an increased cutaneous susceptibility, and is frequently also attendant on a disordered condition of the digestive organs."

Hypertrophiæ.—In this Order, Dr. Neligan has included all such diseases as are especially characterized by an hypertrophied condition of the derma, the epidermis, or both, or of the hair follicles. It is based on the leading anatomical characteristics of the diseases it includes, and it is nearly synonymous with the Order Tuberculæ of Willan, while it is an important improvement and extension of Mr. Wilson's second group of diseases of the derma. The microscopical and anatomical investigations of Gustav Simon, Wilson, and Gluge, have prepared the way for this rational and natural grouping.

"*Ichthyosis.*—All the examples of icthyosis which I have seen have been in persons, whether children or adults, of a well-marked scrofulous diathesis. *Treatment.*—The following plan of treatment I have employed in four cases of icthyosis. The remedies I used, were the iodide of potassium and iodine; from one to two grains of the former, and from a sixteenth to an eighth of a grain of the latter, according to the age of the child;— · · · an ointment containing twenty grains of the iodide of potassium, a drachm of glycerine, and an ounce of prepared lard, with which the affected parts were anointed morning and evening; an alkaline bath having been used for fifteen minutes previous to each inunction, a milk diet, etc. I have had no opportunity, however, of trying the effects of this method of treating icthyosis in adults, the four cases in which it proved so successful being children below the age of eight years."

"*Elephantiasis.—E. Græcorum* was, in former time, regarded as highly contagious, but it is more probable that it was rather endemic

than infectious, and that it was directly caused by misery, deprivation, and filth. *E. Arabum* :—An anatomical examination of the parts affected in this form of elephantiasis exhibits the derma and epidermis usually much hypertrophied. · · · · Lebert and Gustav Simon, who examined the new deposit with the microscope, found it to consist in fibrous bundles of pure areolar tissue, with numerous fat cells in the interstices."

This singular disease has hitherto proved exceedingly rebellious to treatment. Ablation of the affected parts has frequently been practised, but experience has usually shown that those who have survived such an operation, have become affected with elephantiasis in other parts of the body; thus demonstrating the dependence of this disease upon a constitutional vice. This treatment has, however, proved successful in some cases, especially when the disease affected the external genetalia only, and M. Rayer remarks that the question as to the propriety or impropriety of amputation, is not entirely settled. The novel and ingenious practice recently adopted by Prof. Carnochan, viz., *ligation of the Femoral Artery*, is certainly worthy of extended trial when the disease affects the lower extremities only, for the cure of Dr. C.'s patient was entirely complete. (*Vide N. Y. Jour'l Med. N. S. Vol. IX. No.* 2.)

The pathology of this singular affection is but imperfectly understood, its etiological causes are involved in obscurity, and its anatomico-pathological history is not well settled. M. Alard, who carefully studied and observed the disease, was of the opinion that its development was invariably preceded by inflammation of the lymphatic vessels and glands; Hendy found the lymphatic glands hardened, or in a state of suppuration, and abnormally large; and M. Bauillaud and others have particularly observed the obliteration or obstruction of the veins; while all pathologists admit that a peculiar pathological state of the structures of the derma and of the subcutaneous areolar tissue is an invariable characteristic of the disease.

In those cases of chronic œdema with hypertrophy in which the principal pathological lesion is in the vascular structures and in the extra-vascular areolar tissue of the limbs, it is possible that an error has arisen in regard to their true pathological character. In the course of our practice, we recollect to have seen three such cases in which the derma was not primarily nor in any considerable degree diseased, and which were evidently dependent upon deep-seated depositive inflammation. Neither of these cases were marked by any serious constitutional disturbance, and in two of them the origin of the disease was distinctly traceable to local inflammatory action arising from cold and injury. One occurred in a dancer, the other in a laborer, who after receiving a severe

injury in his leg, was obliged to stand several hours in cold water. Prof. Parker, of this city, has observed two similar cases, in one of which the autopsy revealed the above-mentioned condition of the veins and the extra-vascular areolar tissue. These, and all similar cases, have usually been termed elephantiasis; but it may be safely suggested that this form of disease is essentially different from the true *Barbadoes leg*, and the disease described by Rhazes, Avicenna, and Haly-Abas in Arabia, Mercurialis in Italy, and by Alpinus and Larrey, in Egypt. The disease which they have described, and which is still prevalent in those and other warm climates, is manifestly a grave constitutional affection of Zymotic origin, and affecting the cutaneous structures principally.

Hemorrhage.—*Purpura.*—In the treatment of purpura, Dr. Neligan has introduced the use of oil of turpentine in large doses. He administers it in purgative doses of an ounce once or twice daily.

Maculæ.—*Vitilego.*—For the cure of this achromatous affection, our author highly recommends the topical use of an ointment of *tannic acid*, or of oil of turpentine.

Cancrodes.—*Lupus.*—Dr. Neligan remarks:

"As regards the *pathology* of lupus, it is manifestly nearly allied to cancer, etc. . . . .

"*Treatment.*—The intimate connection that exists betweent his disease and scrofula being an admitted fact, the general treatment should consist in the use of those remedies which apply in the treatment of that disease,—preparations of iodine and iron, *cod-liver oil*, the vegetable tonics, etc."

He has found that the use of cod-liver oil and of iodine in *small doses* proves more efficacious than when administered in the ordinary or large doses. He regards the employment of topical agents as of secondary importance.

Dermatophytæ.—The unquestionable evidence of the parasitic origin of certain contagious affections that have hitherto been classed with pustulous diseases, has led Dr. Hughes Bennett to suggest the erection of a new order of the above descriptive name; and in so doing he has very greatly simplified the study of an important class of diseases.

*Porrigo.*—The *treatment* which has invariably succeeded in Dr. Neligan's experience is briefly as follows:—When the disease is situated on the scalp, the hair is cut as closely as possible, and a poultice applied and repeated if necessary to soften the crusts. When the poultice is removed, the head is thoroughly washed with a strong carbonate of pot-

ash lotion,—a drachm to a pint of distilled water; the scalp is then covered with an ointment containing carbonate of potassa and glycerine, a drachm of each to an ounce of lard, spread on lint, and the head covered with a closely fitting oil-silk cap. This ointment and the wash are applied twice daily until the crusts are all removed,—the wash and the cap are still continued, and an ointment of iodide of lead is substituted for that containing carbonate of potassa. At the same time the iodide of iron or of arsenic is administered *pro re nata*, until health is fully established.

*Sycosis.*—this disease is propogated by the *mycelia* of a parasitic vegetable, which, like the mycelia of the *Achorion Schonleinii* in *porrigo*, require a peculiar soil for their growth,—in other words, a peculiar vitiated state of the system. In the treatment of this vexatious disease, constitutional and hygienic remedies are of primary inportance. As a topical remedy, Dr. Neligan has found the following application most serviceable:

℞. Calomelanos ℥ss.
Cerati Galeni ℥j.
Chloroformi m xij.
Misce.

to be applied three times daily, the parts having been previously sponged with equal parts of new milk and a weak alkaline or lead wash.

### *Therapeutics of Diseases of the Skin.*

Dr. Neligan appears to have given special attention to every physiological, pathological and therapeutic principle and agency that bears upon the cure of diseases affecting the skin; and though we might wish that he had more fully elucidated the relation and dependence of these manifestations of disease, upon those general pathological conditions with which they so often stand related, he certainly has helped to unburden the therapeutics of these affections from much that has been absurd in common practice, while he has made many important improvements and suggestions, as the result of his own extended experience in this important department of practical medicine. On the general subject of therapeutic treatment he makes the following important remarks:—

"The chief point to be kept in view in the constitutional treatment of cutaneous eruptions, is, that they require, in most cases, a prolonged administration of the remedy which may be employed, and that, consequently, it should be given at first in rather small doses, and its strength increased afterwards very gradually and slowly. This is especially evident with respect to those powerful alteratives, arsenic and iodine, which are such valuable agents in these affections, yet which

often produce injurious consequences by exciting local irritation; the same holds good of cod-liver oil, and of many other medicines which are of daily use in the therapeutics of diseases of the skin. During the employment of any of these remedies, their administration should be occasionally omitted for a day or two, whether they cause any constitutional manifestations of their effects or not, and the bowels freely acted on by purgatives, those of a saline nature being preferred if the patient's strength admits of their use. * * * Restriction to an almost *purely milk and farinaceous diet* is attended with the best results, and should be almost invariably enforced with infants and children." E. H.

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ART. IX.—*Minutes of two Annual Meetings of the Medical Missionary Society in China; including the sixteenth Report of its Ophthalmic Hospital at Canton, for the years* 1850 *and* 1851. *Canton:* Printed at the office of the Chinese Repository, 1852.

WE are gratified with this opportunity of laying before our readers some facts in regard to a Medical Society, which though far removed, can but excite sympathy as well as admiration. The *Medical Missionary Society of China* was organized in the year 1838, and is composed of the American and English missionaries resident in that country. The minutes before us are of the thirteenth and fourteenth Annual Meetings of this Society From these we learn that the president is T. R. Colledge, M. D., F. R. S. (England), the senior vice-president Rev. P. Parker, M. D., M. R. A. S. The Treasurer's report for the year 1850 shows the society to be in a most flourishing condition, there being in the treasury on the first of January of that year, nearly $3500. From the report of the Corresponding Secretary for 1851, it appears that since the opening of the Ophthalmic Hospital at Canton in 1835, 42,828 patients had been entered on its books, of whom 4000 had been admitted during the past year. This is therefore one of the largest hospitals in the world. It is also estimated that since the formation of the Society in 1838 about a hundred thousand Chinese had received aid at all the missionary hospitals which are opened at various places along the shore of China.

This feature of missionary operations in foreign countries is most interesting to contemplate, and well deserves the countenance and support of those who direct these benevolent enterprises. We have long been satisfied that the most efficient missionary must be the person who brings the means of health to the physical as well as the moral nature of the ignorant and debased. The relief of bodily ills and sufferings is always to this class the most palpable good, and affords the readiest ac-

cess to their confidence and esteem. The Medical missionary therefore, while practising his profession entirely incidentally to the great object of his mission, is silently but constantly breaking down the strongest barriers to his success.

The Ophthalmic Hospital of Canton is under the charge of Dr. Peter Parker, an American missionary, who has practised his profession in that city with distinguished ability and success. The Report of this hospital, now before us, is for the years 1850 and 1851, and contains some points worthy of notice. In looking over the tabular list of diseases admitted to this hospital, we were struck with the great preponderance of diseases of the eye, these affections amounting to nearly one-half of the whole number of admissions. Dr. Macgowan, of the hospital at Ningpo, reports the same relative proportion of ophthalmic discases. The most common of these diseases is chronic ophthalmia; next in order is nebula, and third, entropia. Although from the general prevalence of diseases of the eye, these hospitals are called ophthalmic hospitals, yet they are open for the admission of every class of affections, as is shown by the tabular list of diseases appended to this report. Of the diseases of the lungs, chronic bronchitis is by far the most frequent; of the abdominal organs, ascites; of the genito-urinary organs, hydrocele, and second, urinary calculi; of the nervous system, cephalalgia; of the skin, lichen circinnatus; of constitutional diseases, rheumatism.

The principal portion of this report is devoted to the records of operations for stone, the removal of tumors, &c. In one instance, the external (?) femoral artery was ligated, for an immense popliteal aneurism, the transverse diameter of which was seven inches, and the vertical eleven. Mortification of the leg followed, requiring amputation, after which the patient rapidly recovered. Several histories of the removal of tumors are given, which are chiefly interesting from the great size of several of the growths. In one case the tumor, two and a half feet in circumference, was attached to the face and neck, and required considerable dexterity in its removal.

In the year 1851, the operation of lithotomy was performed in this hospital nine times; and if we had no other evidence of Dr. Parker's surgical skill, we might here find it, in the fact that every case but one was successful. The report contains histories of fifteen operations performed during the two years for which it is made, with lithographic representations of several of the calculi removed. The majority of these calculi were of the triple phosphate formation; the remainder lithic acid, except one, which was of the mulberry variety. It is an interesting fact, that in nearly all of his severe operations Dr. Parker administers chloroform,

and with the happiest results. We copy the following case for the complication which occurred, and as a specimen of these reported cases:—

*September 29th*, 1850.—*Calculus, lithic acid.* Ngàu, æt. 31, of the district of Tsingyuen, and the village of the Great Pearl, has suffered from stone for several years. December 23d, one P. M., assisted by Drs. Majoribanks, Dickson, and Stevenson, and in the presence of a number of gentlemen, extracted a stone four and a half by six inches in circumference; diameters, one and three quarters by two and a third inches; weight, two and a half ounces. It was of an oblong shape, and of a reddish yellow color like the oxide of iron. Considerable hemorrhage attended the operation; and two arteries, the transverse perinei, and one of the hemorrhoidal branches, required a ligature. About three drachms of chloroform were administered before the patient was fully insensible. Four o'clock P. M., pulse 80; no nausea; bowels freely moved; no hemorrhage; has rallied very well. December 24th, pulse 96, and feeble; frequent vomiting, but not severe; bowels freely moved; sulphate of quinine and tinct. ferri muriatis were given.

*December 30th*, to my great surprise I perceived fœcal evacuation proceeding through the wound, and much pus with slight sloughing. On introducing a speculum into the rectum, a small oval aperture was discovered, not from a wound of the scalpel, but from the slough. Had it been from an incised wound, if not detected at the moment, it would have been apparent the first time the bowels were moved; but this was not the case. With Dr. Ruschenberger's instrument for fistula in ano, the sphincter muscles were at once divided with but little hemorrhage. There was still some sloughing for a few days, and copious discharge of pus. January 6th, 1852; the water is now retained till the bladder is full, and then evacuated at one time, partly by urethra. Under the influence of tonics, the wound became healthy; and on the 23d January, the patient was able to walk about, and to pass the urine by the natural passage. February 9th, the patient was allowed to return home for a time for the benefit of a change, the fistula rapidly healing, and causing but little inconvenience.

The frequency of the admission of calculous disorders into this hospital is another proof of the erroneousness of the belief which once prevailed in regard to the existence of these diseases in the Eastern tropical climates. This opinion was based principally upon the testimony of Mr. Scott, an English writer, who remarked that "the formation of stone in the urinary bladder is nearly unknown between the tropics. I have, indeed, not met with a single instance of it, although I have known some cases where such a disease was imported and not removed by climate." Mr. Smith, in his *Statistical Inquiry into the Frequency of Stone in the Bladder* (*Med. Chir. Trans.* vol. xi.) quotes the authority of Mr. Hutchinson, that the operation for stone was never performed in the British foreign possessions. The cause of this freedom from calcu

lous diseases in such regions was attributed to the greater activity of the cutaneous system and proportional decrease of the urinary secretion. English surgeons, however, attached to the East India service have not only proved the utter groundlessness of this opinion, but by the publication of their cases, show that it is a very common affection, its frequency varying, as in other countries, with localities. Mr. Burnard (*Trans. of Med. and Phys. Soc. of Calcutta*, vol. v.) gives a table of thirteen operations, of which twelve were performed in 1830, at the Hospital of Benares. Mr. Brett reported in the same volume seven operations, of which number three died of tetanus. In the subsequent volumes of these *Transactions* a large number of cases is recorded. In the 4th volume, Mr. Lindsay reports an operation by a native, and remarks that this surgeon said he had operated 150 times. In the *Trans. Med. and Phys. Soc. of Bombay*, Dr. Arnott speaks of calculous diseases as common in the villages of his vicinity.

We have already remarked that the calculi removed by Dr. Parker were of the triple phosphate and lithic acid. Mr. Twining analyzed thirty-one calculi taken from natives, and concluded "that the urinary calculi of natives of India appear to be subject to the same laws in respect to composition and formation, which obtain among Europeans in our own climate. Lithic acid and lithate of ammonia are the predominant ingredients of the majority of urinary calculi that have as yet been collected in India. And we observe that lithic acid, or oxalate of lime, are the most common nuclei of urinary calculi among natives."

In concluding this notice, we would again acknowledge the interest with which we have examined this report, and our sympathies for those who, with so much self-sacrifice, devote themselves to the relief of the suffering and degraded. If the practice of their profession in such inhospitable climes, yields them only toil and anxiety, or perhaps persecution; yet noble and generous natures cannot fail to find their coveted reward in the simple and touching expressions of gratitude which the recipients of their favors bestow upon them.

ART. X.—*A Discourse on the Times, Character and Writings of Hippocrates.* Read before the Trustees, Faculty and Medical Class of the College of Physicians and Surgeons, at the opening of the term of 1852–3. By ELISHA BARTLETT, M. D., Professor of Materia Medica and Medical Jurisprudence. Published by the Class. New-York: H. BAILLIERE, No. 290 Broadway, and 219 Regent-street, London, 1852.

THE discourse of Prof. Bartlett on the Life and Times of Hippocrates at the opening of the present session of the College of Physicians and Surgeons, was read before a large and highly intelligent audience. It was listened to with marked attention and received with unqualified favor. The nature of the subject, the chaste and classical style of composition, and a simple and unaffected manner of delivery, united in rendering it eminently worthy of the warm reception which it met. We have read this discourse in its present published form, with a still higher degree of interest than we listened to its delivery, as matter of a more substantial character appears in print which was omitted by the lecturer. Among the annual trashy emanations of our medical colleges, it is good occasionally to meet with a production which bears like this the impress of study and research. We welcome it not only to a most important position in the literature of Introductory Medical Lectures, but to a far higher and more permanent place in the Literature of American medicine.

To those who are familiar with the writings of Prof. Bartlett, we need say nothing in commendation of his style. We doubt if, in purity and elegance of phraseology, he is excelled by any American writer in any other department of literature or science. Nor has he been less happy, in this instance, in the choice of subject, than in his method of treating it. The medical man, like the historian, the statesman, and the man of letters, finds in the golden age of Grecian history the brightest exemplar and ornament of his profession. The age that could boast of Pericles, Herodotus, Thucydides, Socrates, Aristophanes, Demosthenes, and others of historical celebrity, was also the age of divine Hippocrates. Useful and interesting as it certainly is for the physician to turn back frequently in the history of Medicine and contemplate the most prominent characters which appear upon its pages, it is of the highest importance to the student to study these characters attentively. He cannot then fail to obtain elevated opinions of the ends and aims of the profession which he has chosen, broader views of it as a science and an art, and a clearer comprehension of its just claims upon his every energy in its pursuit.

Prof. Bartlett opens the main portion of his discourse with three historical pictures from the life of Hippocrates. In the first we see the young physician of Cos in his daily round of duties, making his morning call upon a youth of the middle rank of society prostrated by the prevailing epidemic of the season; the second introduces us to the chamber of the dying statesman Pericles; and the third represents Hippocrates, venerable with age and experience, standing by a column of the temple of Esculapius, in the Island of Cos, in the attitude of a teacher. We cannot forego the quotation of the second of those historical pictures, which affords not only a fair illustration of the author's happiest style, but unfolds to us a scene of unrivalled historic beauty and interest.

"And now, leaving the sterile island of Thasos, let us follow the young physician to another sick chamber—to a scene of domestic life, still further illustrative of that remote and wonderful period, with which we are concerned.

"The time is a year or two later—it is the house of Pericles that we enter, and we stand by the death-bed of the great and venerable Archon. Every thing in the spacious apartment indicates the pervading presence—not of obtrusive grandeur, or of showy and ostentatious wealth,—but of stately elegance, and of high, various, many-sided luxury, culture, and refinement. Philosophy, letters, and art breathe in the quiet atmosphere of the room; and the taste of Aspasia sheds an Asiatic grace over its furnishing and its decorations. In one corner stands a statue of Minerva, from the chisel of Phidias; and the walls are covered with pictures, fresh from the pencils of Panænus and Polygnotus, illustrating the legendary and historic glories of Greece. There might have been seen Thêseus, bearing off from the field of victory, on the banks of the Thermódon, the masculine and magnificent queen of the Amazons—half willing, perhaps, to be the captive of such a victor; Jason, in his good ship Argo, with his fifty selectest heroes, convoyed by the queen of love, the awful Hêre, and Apollo, winds his various and adventurous voyage, crowded with poetic imagery and romantic incident, and brings back the golden fleece from Colchis;—Helen, at her loom, is weaving into her 'golden web' the story of the Trojan wars;—the chaste Penelope, by the light of her midnight lamp, undoes the delusive labors of the day;—Ulysses, returned from his long wanderings, surveys once more, with boyish pride and delight, the dear old bow, which no arm but his could bend.

"The central figure on that old historic canvas that I have endeavored to unroll before you, is that of the dying statesman. Raised, and resting in solemn and august serenity upon its last pillow, lies that head of Olympian grandeur, which—I may say it without presumption—after the lapse of nearly twenty-three centuries, now finds, for the first time, its fitting representative and likeness—as the character and career of the great Athenian find their counterparts also—in that illustrious orator and statesman, who now walks in solitary majesty amongst us—the pride, the strength, the glory of the Republic—the Pericles of our

Athens—whose Acropolis is the Constitution of his country—whose Propylæa are the freedom and the federation of the States.

"Added to the calamities of that long and disastrous internecine struggle between the two rival cities of Greece, which had just begun, Athens was now afflicted with that terrible visitation of the plague, the history of which has been left to us by Thucydides; and Pericles was sinking under a protracted and wearing fever—the result of an attack of the disease.

"His long and glorious life is about to close. He had been, for more than an entire generation—if never the first Archon, and not always the most popular—by common consent the most eminent citizen, statesman, and orator of the republic—the great defender of her constitution—the champion of her freedom and her rights—the upholder and the magnifier of her renown. Political rivals, disappointed partisans, and a few malignant personal enemies, and professional libellers and satirists, had been hostile to his career, and had endeavored to blacken his fair fame; but his strong and unshaken democratic faith—his far-seeing sagacity—his firmness and moderation—his enlarged, liberal, humanizing, conservative, and pacific policy—his moral courage and independence, and his high public probity, had triumphed over them all; and although by braving the prejudices of his friends and supporters, in his devotion to the general weal, he had gathered over his declining sun some clouds of public disfavor—the sense of justice, and the feeling of gratitude in the minds of his countrymen were quick to return—the clouds were already scattered, or they served only to deepen and reflect the setting splendor which, for a moment, they had intercepted and obscured.

"Many of his near personal friends and relatives had already fallen victims to the pestilence. Both his sons had perished, and the young Pericles—the child of Aspasia—had been sent away, with his mother, for safety, into Thessaly. Phidias, and his old teacher Anaxagoras, his

'Guide, philosopher, and friend,'

had died a little while before the breaking out of the epidemic. Those who were left had now gathered around the bed of the dying Archon, to receive the rich legacy of his parting words, and to pay to him the last solemn and kindly offices of life.

"Not often in the world's history has there met together a more august and illustrious company. These are a few of those whom we are able to recognize amongst them. Resting his head on the shoulder of Socrates, and sobbing aloud in unrestrained and passionate sorrow, leans the wild and reckless Alcibiades—just in the first bloom of that resplendent personal beauty which made him seem to the eyes, even of the Greeks, more like the radiant apparition of a young Apollo, than any form of a mere earthly mould—subdued, for the first time in his life, and probably for the last—by the spectacle before him, of his dying relative and guardian—to reverence, tenderness, and truth. Sophocles, his old companion in arms, is there; and near him, in his coarse mantle, and with unsandalled feet, may have stood a grandson of Aristides, still poor with the honorable poverty of his great ancestor.

"Conspicuous amidst this group of generals, admirals, statesmen, orators, artists, poets, and philosophers,—in rank and fortune, in social position, in reputation, in learning, culture, and refinement, their equal and associate, sits the young physician of Cos. Already had his rising fame reached Athens, and when the city, overcrowded with the inhabitants of Attica, driven from their homes by the armies of Sparta, was smitten with the pestilence, he was summoned from his island home in the Ægean, to stay, if he could, the march of the destroying angel, and to succor with his skill those who had fallen under the shadow of its wings."

In commencing his discourse Professor Bartlett frankly disavows all claims to Greek scholarship, and acknowledges his indebtedness to M. Littré's edition of the works of Hippocrates, and Grote's History of Greece, in its preparation. Any comments which we might make, therefore, upon the subject-matter of this discourse would be rather in criticism of these authorities, than a consideration of the merits or demerits of Professor Bartlett's production. We have neither space nor inclination to enter upon such discussion at this time. We may say, however, that the author does not overrate the great work of Mr. Grote, which is unquestionably the most correct and philosophical history of Greece ever written. Of our author's choice of M. Littré's translation of Hippocrates' works over all others, we shall find no fault, though it is questionable if he might not have found an authority equally (better in our opinion) adapted to his necessities in the elaborate edition of the *Sydenham Society*, by Dr. Francis Adams.

This discourse will rather confirm than add to the well-earned reputation of Prof. Bartlett, for a refined and elevated style of composition and for useful research.

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## BIBLIOGRAPHICAL NOTICES.

ART. XI.—*On Syphilis, Constitutional and Hereditary, and on Syphilitic Eruptions.* By ERASMUS WILSON, F. R. S., author of "A Treatise on Diseases of the Skin," etc.; with four colored plates. Philadelphia; Blanchard & Lea, 1852: 8vo., pp. 284.

THIS, in many respects, is a remarkable work—presenting views of theory and principles of practice which, if true, must change completely the existing state of professional opinion. But it is not our intention here to enter into a review of the doctrines contained in this volume; this will be left for a future occasion. To notice some of the views of the author is all we design at present.

While attempting to distinguish between eruptions of the skin, which proceed from ordinary causes, and those originating in syphilis, the practical necessity of the work was conceived; and having before him an ample field for research, the author determined to investigate the matter as it was presented to himself, and without reference to the opinions and labors of others in the same department. This appears to us, on the most careful examination which we have been able to make of the volume, to be the most unphilosophical and remarkable portion of the work. The undertaking which Mr. Wilson has here assayed is utterly impracticable. It is not in the nature of things possible for an educated and reflecting mind to eschew the past, and discard the knowledge he has gathered therefrom. "Vast is the amount of knowledge which every man unconsciously acquires from others, and small, comparatively, is that which is acquired without aid from predecessors and compeers, by even the most adventurous and original thinker."—(Hooker.) The suggestive influence which one discovery has in the production of another, is obvious in the contents of this work. This fault we believe to be owing to the attempt he has made, and the non-observance of the principle conveyed in the Coan aphorism, "*Vita brevis, ars longa.*"

One of the first results of Mr. Wilson's "attempted classification of the effects of the syphilitic poison on the skin," was the discovery that there existed but *one eruption*, and that the apparent difference in the character of the cutaneous affection, were the simple consequences of modification of development of that eruption, a modification dependent, for the most part, on time, treatment, and on the temperament of the patient. From the course of reasoning which he has followed, he concludes that syphilis "in all of its multitudinous and Protean shapes, originates in *one poison*, and in its constitutional manifestation on the skin gives rise to but *one eruption.*" Again, our author believes that "the common result of the contact of the syphilitic poisen with the mucous membrane of a sound person, is the production of an ulcer; but I believe also, that its effects may, in some instances, be a purulent discharge, constituting a common Blennorrhœa or Gonorrhœa." In these cases he further believes, and has, *to himself*, satisfactorily proved the fact, "that constitutional syphilis will follow with as much certainty as it it were preceded by a chancre." He believes that the induration of the true chancre of Hunter is "the result of a constitutional action, and consequently an evidence of the contamination of the system." In respect to "the modification which the syphilitic poison undergoes by long continuance in the blood, and its effects upon the organism of another, when transmitted in this modified shape," he believes that it "has its eloquent

parallel in the effects of the vaccine poison, when introduced into the human system directly from the cow." Again, on the point of "the tenacity of the syphilitic poison to the human organism," he has been led to the conclusion, that "once admitted into the blood and tissues of the body, it remains there for life;" and he is firmly of the opinion "that the powers of the poison may be manifested after the lapse of several generations." It is here that we see the multitudinous manifestations of the disease, for, according to Mr. Wilson, "what is syphilis in the parent may be scrofula in the child. . . . . The syphilitic eruption on the skin of the parent may be a consumption in his offspring;" and, "there are other and more remote diseases which have appeared to me to take their origin in hereditary syphilis, viz., Lupus, Kelis, Lepra and Psoriasis."

Thus it will be seen by the reader that Mr. W. announces some startling facts in the physiology of morbid poisons—facts which he has attempted to establish by a series of well drawn up cases, many of which, we cannot but believe, tend little to confirm the principles in behalf of which they are cited. The volume is divided into eight chapters. 1st, The Syphilitic Poison. 2d, Primary Syphilis. 3d, Secondary or Constitutional Syphilis. 4th, Evolution of the Syphilitic Poison by the Skin. 5th, Local actions of Syphilis. 6th, Congenital Syphilis. 7th, Hereditary Syphilis. 8th, Treatment of Syphilis.

In the treatment of syphilis no new therapeutic application has been advanced which should specially command our attention.

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ART. XII.—*Principles of Human Physiology, with their chief applications to Psychology, Pathology, Therapeutics, Hygiène and Forensic Medicine.* By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S. Fifth American from the fourth and enlarged London edition; with three hundred and fourteen illustrations. Edited, with additions, by FRANCIS GURNEY SMITH, M. D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, &c., &c. Philadelphia: Blanchard & Lea, 1853, 8vo, pp. 1091.

THE literary labors of Dr. Carpenter have gained for him an American as well as European reputation. A glance even at his masterly efforts will show with what untiring zeal he has labored in collecting together and arranging the existing materials of physiological science. That this labor is appreciated by the profession, the popularity of the work before us is amply sufficient to show. We, however, do not believe that this popularity rests upon any merits of originality, but that in the collation

of facts, he has here posted up the major part of the improvements of physiology—giving us one of the best summaries of principles of physiology that has yet appeared.

In the preparation of this edition for the press it appears that he has nearly if not quite remodelled the preceding edition—thus making this almost a new treatise. Some of the changes we will briefly point out. In an introduction to the work he has entered into an explanation of his views of the sense in which the terms *Law* and *Cause* should be used, and in so doing he hopes that he has thrown some light upon the philosophy of causation, "which may be of assistance to other scientific inquirers." Many of the references to the structure and vital actions of the lower animals have been omitted. A new chapter, containing a general view of "the Chemical Components of the Human Body and the changes which they undergo in it," has been introduced. Nearly the whole of the chapter on "the Structural Elements of the Human Body, and the Vital Actions which they exhibit," now appears for the first time. But "it is in the chapter (xiv.) devoted to the Functions of the Nervous system, which constitutes one-fifth of the entire volume, that the greatest additions and alterations will be found. This subject, in its Psychological as well as Physiological relations, has occupied more of the Author's attention than any other department of Physiology; and he now offers the more mature fruits of his inquiries and reflections, with some confidence that, even if his views should hereafter require modification as to details, they will be found to be fundamentally correct, and to furnish the materials of some value in Psychological inquiry as well as in the study of Mental Pathology,—a subject which is now receiving for the first time (in this country at least) the attention which its vast importance demands. The peculiar states which are known under the designations of Somnambulism, Hypnotism, Mesmerism, Electro-Biology, &c., are all considered in their relations to Sleep on the one hand, and to the ordinary condition of Mental Activity on the other; and the author ventures to believe that he has not only succeeded in throwing considerable light upon the nature of these aberrant forms of physical action, but that he has been enabled to deduce from their phenomena some inferences of great importance in Psychological Science." The chapter "On Generation" has undergone a good degree of change, and that portion relating to the "Development of the Embryo," has been nearly rewritten. This has been necessitated from the constant and important discoveries which are being made in this department of physiology:—The closing chapter "On Death" has been almost entirely written for this edition.

From this hasty and imperfect allusion it will be seen by our readers that the alterations and additions to this edition render it almost a new work—and we can assure our readers that it is one of the best summaries of the existing facts of physiological science within the reach of the English student and physician.

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ART. XIII.—*A Practical Treatise on Dental Medicine, being a compendium of Medical Science, as connected with the Study of Dental Surgery:* To which is appended an inquiry into the use of chloroform and other Anæsthetic agents. By THOMAS E. BOND, A. M., M. D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Second edition, Revised, corrected and enlarged. Philadelphia: Lindsay and Blakiston, 1852, 8vo, pp. 366.

THIS volume, of humble pretensions, is really one of the best on dental science which has for a long time issued from the press. It will amply repay the physician and surgeon, for the time bestowed in a careful perusal of its contents. It supplies a place in medical literature, which has been felt to be a want, and therefore we commend it to the favorable attention of our readers.

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ART. XIV.—*The Druggists' General Receipt Book: Comprising a copious Veterinary Formulary, and table of Veterinary Materia Medica;* numerous receipts in patent and proprietary Medicines, Druggists' nostrums, etc. Perfumery and cosmetics; Beverages, Dietetic articles and condiments; Trade Chemicals, &c. With an appendix of useful tables. By HENRY BEASLEY. Second American from the last London Edition. Corrected and Enlarged. Philadelphia: Lindsay and Blakiston, 1853, 12mo, pp. 472.

THIS to the druggist must prove a work of considerable value; and the fact of a second edition being called for so soon after the issue of the first, is good evidence of its adaptation to the supply of the wants of this numerous class of persons.

# PART THIRD.

# FOREIGN MEDICAL RETROSPECT.

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### PRACTICAL MEDICINE.

*On the Asthenic Forms of Internal Inflammation now Common in this Country.* By Dr. Alison.—This subject is important with a view to theory, because we cannot have correct notions of the nature of inflammation, or its effects on the living system, without being assured whether or not it is the fact, that the same local changes, to which we give that name, in the same textures and parts of the body, leading to the same effusions and consequent lesions of texture, may, in different persons, and in the same persons in different seasons (independently of any complication with other diseases), go on in connection with, and may even prove the immediate cause of, nearly opposite forms of constitutional disorder, and may therefore be fatal in very different ways. In particular, this observation has always appeared to me to be very important in reference to the question, whether the state of inflammation (denoted with most accuracy by the precise nature of the effusion and consequent lesion, in any individual texture of the living body), can be reasonably ascribed to any conceivable modification of the natural power of contraction, with which the vessels supplying that part are endowed. If we find that inflammation, from first to last, or during its most active stage, is not only compatible with, but is apparently supported by, nearly opposite conditions of the flow of blood through those vessels,—and accordingly, that it appears to be moderated and restrained in different cases, by means the effects of which on the contractile power of vessels are quite opposed to one another,—we have surely, in those facts, a strong ground for the opinion, that neither the "solus spasmus" nor "simplex atonia" of Hoffman, or Cullen, or Hunter—indeed, that no modification of the vital power of vessels—can be regarded as the main cause of inflammation.

Again, it is equally important in a practical view, to understand that it is not the circumstance of any part of the body being affected with inflammation, or even with inflammation in any particular stage of its progress, which demands any particular remedy, either of the sedative or

stimulating class; but that remedies of different character, and even modes of treatment apparently opposite, may not only be adopted with general success, but, on careful examination of individual cases, may appear decidedly useful; *i. e.*, useful in sustaining and promoting the different natural processes, which are the chief agents in conducting all inflammations to a favorable termination.

This assertion is, however, only extending to the vital actions of nutrition and exhalation concerned in that process, a principle which is now generally admitted as to the vital actions of the nervous system. The inquiries and observations of Dr. Abercrombie, Dr. Marshall Hall, Dr. Gooch, and many others, have unequivocally shown, as to many cases of threatening of apoplexy, and of symptoms resembling phrenitis or hydrocephalus—what perhaps was better understood previously in regard to epilepsy, and to delirium tremens—that the morbid actions of the nervous matter indicated by these diseases, may not only take place under nearly opposite conditions of the central function of circulation, but be obviously aggravated and prolonged, if not excited, by deviation in the way either of increased or deficient supply of blood from the healthy state; and, therefore, that according to the existing state of the circulation, symptoms almost exactly of the same kind, affecting the functions of the brain, pervigilium, delirium, spasms of different kinds, even stupor, may be obviously benefited in some cases by depleting, and in others by stimulating remedies; or that opiates and other narcotics, which exert a certain degree of peculiar or specific influence on different kinds of delirium or spasms, may appear on the most careful examination of individual cases, manifestly aided in their effects, sometimes by a sedative and sometimes by a stimulant influence exerted on the circulation,—according as the state of the circulation, going along with that morbid action of the brain, deviates in one mode or in another from the healthy condition.

In like manner, we now understand, certainly better than formerly, the true pathology of many cases of various modes of affection of the brain, which depend on the retention of urea in the blood; and we know, that the action of this retained poison on the nervous matter is in some cases (and those, if seen in time, the most manageable), connected with a rapidly excited and vigorous state of the heart's action, maintaining a congested if not inflammatory condition of the kidneys, and that in some such cases, the effect of general blood-letting on delirium, spasm, or coma, is as rapidly and decisively beneficial, as in any case of acute inflammation or hemorrhage; but that in other cases the disease of the kidneys, although indicated by the same condition of the urine, and leading to the same diseased actions in the brain, proceeds slowly and insidiously, and is neither attended by any such excitement of the circulation, nor capable of being benefited by any such remedy.

But these things being so, there is nothing anomalous or perplexing in the further statement—at least equally important, if true—that the process of Inflammation itself, consisting essentially in a peculiar perversion of the fundamental vital action of nutrition, is in like manner by no means uniformly attended by the diathesis phlogistica of Cullen and the

older authors, which is "*always* characterized by a hardness of the pulse, is increased by all the tonic and stimulant powers applied to the body, and is most effectually taken off by the relaxing power of blood-letting" (First Lines, § 247); but that it is sometimes attended by an increase, and at other times by a rapid diminution, of the powers moving the blood through the body; and that according to these varieties of the circulation, the natural process by which this morbid action is brought to a favorable termination, may be obviously aided in some cases by remedies which have the very opposite effect in others. We may state farther, that the coincidence of inflammation, even of such inflammation as causes very rapid and extensive, although peculiar effusions, with a depressed state of the circulation forbidding full or general depletion, when that inflammation has been of what we call a specific character (diffuse, or erythematic) and arisen from a specific cause, has been long known. What we now consider is the asthenic or typhoid form of fever, going along with local inflammation of healthy character, proceeding from cold, and tending to the usual inflammatory effusions of lymph and pus.

How it should happen that these different forms of inflammatory disease should occur, and so different remedies be found useful, at different times and in different places, we must profess our entire ignorance. It is by experience only that we are assured that such differences exist,—that they exist too generally and too permanently to be ascribed only to occasional differences of temperature, or weather, or diet, or the constitutions of individuals; and further, that they occur under the observation of the same persons,—as indicated by phenomena which are not matters of opinion, and under circumstances which require the alteration, if not absolute abandonment, of opinions which had been thought fairly founded on experience. If these observations are correct, therefore, they not only constitute a most important fact in the history of inflammatory diseases, tending remarkably to explain the otherwise unsatisfactory and perplexing variety of opinions which we find to have existed, among men of acknowledged discernment and judgment, as to the most successful treatment of such cases, but they open to us a new line of inquiry, the results of which no one can yet anticipate, into the nature of certain hitherto unperceived influences, pervading the surface of the globe, and known to us as yet only by the modification of vital action which they produce.

I can truly say, not only that it is no theoretical change of opinion which has convinced me, that many internal inflammations, resulting from the usual exciting causes, are now attended by a much more asthenic form of constitutional disorder than thirty years ago,—that they *may be fatal in a different way*,—and often demand a different treatment; but that this belief has been only gradually established, and, as I think, only as justified by facts frequently presenting themselves; and further, that it is still only avowed, in so far as facts, which can be easily described, seem to require; my belief remaining unshaken, that cases of internal inflammation have often occurred, which were restrained and conducted to a favorable termination by full and repeated bleedings,

but which, under any other treatment, would have gone on to rapid disorganization of the affected texture, and consequent death; but such cases appearing to me to have been sufficiently indicated by a peculiarity of the symptoms, which is seldom ever observed; and the inflammations of the same parts, now more common, showing as distinctly, by other marks, that they neither involve exclusively the same danger, nor admit of the depleting treatment to the same extent, or an extent approaching to what was formerly common; without undeniable risk of consequences, which did not result from the large and repeated bleedings of former days.

In considering this question, it is first necessary to remember that we have now the means of recognizing internal inflammations, particularly in the thorax, which we did not possess formerly. The notion attached to the term pneumonia, when applied to a case in progress, in the time of Cullen or of Gregory, was merely *nosological*. It expressed a case of which the leading symptoms were—*inflammatory fever, dyspnœa, and pain in some part of the chest;* it was regarded as intense in proportion as the course of the symptoms thus observed in combination was rapid and urgent, and if not checked and altered in its progress by early and active treatment, was expected to go on to death by asphyxia—the danger being indicated simply by the degree of dyspnœa. Dr. Cullen was at pains to explain, that he distrusted any diagnosis of the texture within the chest which was specially affected; that he was aware of the pain being often slight or absent; but that the pulse, in cases which he called pneumonia, seldom failed to be "*frequent, full, hard, firm, and quick*" (*i. e.*, sharp); and when deviating from these characters, it was usually in the advanced stage, and was often irregular (which may frequently have been from complication with diseased heart). It was of this combination of symptoms, making rapid progress within a few days, after the usual kind of febrile accession, that Cullen and Gregory asserted so confidently that they implied great danger, indicated chiefly by the urgency of the dyspnœa, often amounting to orthopnœa, with flushing and turgescence of the neck and face, and that the only remedy to be relied on was full and repeated bleeding, used early, when effusion had hardly if at all begun, and while the pulse retained the characters stated above, and repeated as long as, in connection with that state of the circulation, the dyspnœa continued or recurred. It was allowed that the above description did not apply to the state of the pulse in all cases,—particularly that cases occurred in which the pulse, in the early stage, felt weaker than might have been expected from the other symptoms; and on cautious trial of blood-letting, and careful observation of its effects, it was noticed in some such cases that the pulse improved in strength after the first bleeding, so as to suggest the idea that it had been rendered small and apparently feeble by the difficulty of transmission of blood through the lungs in sufficient quantity to excite strong action in the left side of the heart, and that this difficulty as to the use of the remedy therefore disappeared as these cases went on. I still maintain that, in these circumstances, full and repeated bleeding is the proper remedy, and every thing else is trifling; but I maintain further,

first, that the pleuro-peripneumonia, as made known to us by auscultation and percussion, may, and at present often does, exist and extend itself rapidly over the lungs, without any such urgent dyspnœa, and certainly without any such inflammatory fever, or such characters of the pulse as I have quoted,—sometimes with slight fever, sometimes with fever assuming rapidly the typhoid type,—and that in such cases the full and repeated bleedings are either unnecessary or unsafe; and, secondly, that cases of pneumonia answering to the description of Cullen and others, particularly as to the urgency of dyspnœa within the first few days, and the strength and *endurance* of the pulse attending that dyspnœa, are of rare occurrence at the present day.

Such cases as are here given show unequivocally, that we may have all the local indications of extensive and rapid pneumonia with very slight fever, and no urgent dyspnœa, and that in such cases *no active treatment is required.* The patients should, of course, be watched from day to day, and the usual remedies—local bleedings, blisters, antimonials, laxatives, opiates, etc.—in some of them may be very properly used, to palliate symptoms and appease anxiety, or to guard against aggravations; but the essentials of practice are merely *rest* and *low diet;* under these, cases showing that combination of symptoms may confidently be expected to get well by the salutary provisions of nature herself. If the frequency and firmness of pulse and dyspnœa become aggravated, more powerful antiphlogistics are demanded; if the fever becomes typhoid, or the pulse feeble and the expectoration difficult, wine and stimulating expectorants may be equally useful; but many such cases really require neither the one nor the other;—they may be withdrawn, as in the present cases, on careful observation of the symptoms, without incovenience; and they ought not to be urged, in any such case, to such a degree as to affect the circulation materially, unless we see distinctly, by cautious trial, that the state of the circulation improves under their use.

If we are satisfied, as I think we may be, that in these circumstances, *when inflammatory effusion extends rapidly over the pleura and lungs, without any or but slight affection of the pulse or breathing,* whether this is a state of matters (as in these cases) which has spontaneously arisen,—or whether, as in cases to which I previously alluded, it is consequent on moderate bleeding and other antiphlogistic means,—the resources of nature for its abatement and rapid absorption may be safely trusted,—we may, of course, be very skeptical as to the alleged powers of any remedies, especially such as produce no sensible effect, in promoting that healing process. But all this teaches us nothing as to the real efficiency or importance of full blood-letting in pneumonia, as inculcated by Cullen and Gregory; simply for this reason, that those cases could not by possibility have been called pneumonia by these authors. They would have been called, no doubt, cases of catarrh, or at most, threatenings of pneumonia, subsiding under an antiphlogistic regimen,—as it is admitted on all hands that all inflammatory diseases very frequently do, when within a certain grade of intensity.

These observations may be applied to the treatment of pneumonia by

various means, which have little or no sensible effect on the body,—*inter alia*, by inhalation of chloroform, as lately recommended in Germany, and stated to have been employed in above 200 cases of acute pneumonia by Waucherer and Baumgartner, and by Varrentrapp,—simply by inhalation, repeated at intervals of from two to four hours, with remarkable success; although it is fairly stated by Varrentrapp, that two of his twenty-three cases, fully detailed, were bled, and two others treated by blisters and mercury, and that although he had only one fatal case under the use of the chloroform, he admitted during that time three others which were fatal, and in which it was not given on account of their severity or complications. See "Medical Times," new series, vol. III. p. 414. The true mortality in the cases admitted under his care, therefore, was four in twenty-six. From what I have seen of the use of this remedy in some cases of severe bronchitis and asthma, I believe it to be one possessed of real efficacy in checking, at least, one form of inflammation, and promoting expectoration from the extremities of the bronchia; although its effect seemed to me, in these cases, to be very transient. But when it is stated that this is a remedy of such power that cases of pneumonia, trusted entirely to it, recover, on an average, as satisfactorily as under any other treatment,—and when statistical evidence in proof of this assertion is brought forward, investing the subject with the authority of the exact sciences, it becomes necessary to examine the grounds of these assertions somewhat more closely; and in this, as in all other cases where statistics are applied to the elucidation of our views in regard to the treatment of any given disease, the first question is, Are we sure that the terms employed denote the same things? In the present case, admitting, as I have no doubt we ought to admit, that all the cases termed pneumonia by existing authors are correctly named now, it is still quite possible that very few of them would have had that name in former times, and extremely probable that hardly any of those which were thus treated in 1851, would have been regarded by the best authorities in 1780, or even in 1810, as cases exemplifying the circumstances of pneumonic inflammation, which were then stated to involve much danger, or to demand full bleeding. Any comparison, therefore, between the treatment of the nosological pneumonia of former days and the pathological pneumonia of the present, is vitiated by the uncertainty whether we are comparing similar cases. All the statistical information that we have does not inform us whether, in any one of the cases there treated, there were the "frequent, full, strong, hard, and quick pulse," and other marks of the phlogistic diathesis. The only information as to the pulse is, that on an average of all the cases, it was at or below 80 on the fifth day after admission—*i. e.*, the ninth day of the disease; and as the mean age of the patients was not more than thirty-one, this is not a frequency of pulse which denotes any great intensity of fever. Neither are we told whether in any one case the patient could "lie on one side only, or only on his back, or could breathe only in the erect position, or whether, even in this posture, his breathing was very difficult, and attended with turgescence and flushing of the face, with partial sweats about the head and neck,"—which constitute the combination

and rapid succession of symptoms, regarded by Cullen as denoting the danger of pneumonia. (First Lines, § 352.) If such cases occurred in the practice of the German authors who recommend the chloroform, and were witnessed in their early stage, making rapid progress, and the remedy withheld which, since the time of Hippocrates, has been regarded as our *summum remedium* in such cases, in order to make trial of the efficacy of a remedy not known till 1851, I can only say that the ideas of those gentlemen as to professional morality are widely different from mine,—so different that I cannot help feeling some distrust of their records of cases. But if, as seems to me much more likely, their cases of pneumonia were in general more analogous to those described in this paper,—if the pulse at the period of greatest intensity of the disease, when the inflammatory effusions were rapidly extending, was generally soft, the face pale, the skin cool, the circulation easily depressed, as by assuming the erect posture, the breathing not urgently difficult, or rather hurried than laboured (on all which points the statistics tell us nothing), —it is in the highest degree probable that those cases would have gradually got well, as the cases here recorded did, without the use of any remedy beyond the rest, regulated temperature, and low diet, common to all febrile diseases treated in hospitals,—to which the result could reasonably be ascribed; and the chloroform may be safely regarded as having been only a palliative.

This is, in fact, only one out of many cases which might be adduced to show, that the difficulty as to the real power of alleged remedies over disease is seldom of a kind to be surmounted by the help of statistics,—certainly not by striking averages of patients treated by one method or another; simply because, in mathematical phrase, the *value of unity* is not known to be the same in the cases compared; they may have varied in many other particulars besides the use of the remedy under trial in one set of them and not in another.

This observation extends to many other statistical statements which have been brought forward in proof of the efficacy of the homœopathic or of various other forms of expectant treatment in inflammatory complaints. It is not sufficient to know that two sets of cases which we compare, are, on an average, seen from the same period of their disease, that their average age is the same, that the average known lesion of structure which they involve or threaten is the same, and its average extent the same, even that the average frequency of pulse and frequency of inspiration is the same, and that the average amount of complication of the proper symptoms of the disease, with other diseases, or with affections of other parts, takes place. All these things may be, and yet these cases may have differed from one another most materially—the value of unity in comparing them may have been very different, independently of the use or disuse of any particular remedy. In particular, we must always remember, that it is only in particular circumstances of individual cases that any powerful remedy is thought, by those who are most satisfied of its efficacy, to be useful; and the more powerful it is in those, the more chance there is that, in other circumstances of the same cases, its effect may be injurious or fatal. The judgment of the practi-

tioner is an element of the highest importance in the history of any case in which a remedy of alleged efficacy is tried; and this judgment is often determined by observations which he makes on the progress of the case, but which cannot be expressed in figures—*e. g.*, by what he can observe of the degree of strength and *endurance* of the pulse, the condition of the skin as to endurance as well as degree of temperature, the marks of muscular strength in the movements, even postures, of his patient, in the tone of his voice, the expression of his countenance, and other indications of the state of his sensations and thoughts.—*Month. Jour. of Med. Sci.*

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*Clinical Remarks on the Treatment of Scarlatina.* By Prof. J. H. Bennet.—Many efforts have been made by different practitioners to check or modify the intensity of the disease by administering various drugs, or carrying out particular kinds of treatment. Hence, during certain epidemics, or in its visitations to particular educational institutions, various practitioners have been sanguine enough to believe that their especial mode of practice has been more successful than any other. I do not consider it necessary to direct your attention to the numerous plans which have been thus proposed, because all of thom have been only partial in their operation, and no one of them has been more successful than another. You must remember that the causes of scarlatina are as mysterious and unknown as are those producing every kind of fever; and that its fatality, like that of fever, is to be traced to constitutional circumstances in individuals, to unhealthy localities, or to the so-called type of the particular epidemic. Nothing, therefore, is more difficult under such circumstances than to judge whether the non-fatality observed at one time, or in a certain establishment, is referable to this or that practice. At all events, I have been unable to satisfy myself that any general rule of empirical or rational practice is to be derived from the contradictory accounts which have from time to time been made public on this subject.

The most recent system of treatment which has been brought forward is that recommended by Dr. Andrew Wood; and I notice it in deference to the great experience that gentleman has acquired from his position as physician to Heriot's Hospital and other educational establishments in this city, which have been attacked by numerous epidemics of the disease. He considers that the most efficient and safe method of treatment consists in acting powerfully on the skin, with a view of thereby assisting nature to eliminate the scarlatinal poison from the system. As ordinary diaphoretics frequently fail, he has recourse to the following method:—Several common beer bottles, containing very hot water, are placed in long worsted stockings, or long narrow flannel bags, wrung out of water as hot as can be borne. These are to be laid alongside the patient, but not in contact with the skin. One on each side, and one between the legs, will generally be sufficient; but more may be used if deemed necessary. The patient is to lie between the blankets (the head of course being outside) during the application of the bottles, and for

several hours afterwards. In the course of from ten minutes to a half an hour, the patient is thrown into a most profuse perspiration, when the stockings may be removed. In mild cases, the effect is easily kept up by means of draughts of cold water, and if necessary, by the use of two drachm doses of sp. mindereri every two hours. In severe cases, where the pulse is very rapid—the beats running into each other—where the eruption is either absent or only partial, or of a dusky purplish hue—where the surface is cold—where there is sickness or tendency to diarrhœa—where the throat is aphthous or ulcerated, and the cervical glands swollen, then he follows up the use of the vapor-bath by four or five grain doses of carbonate of ammonia, repeated every three or four hours. Should this be vomited, then brandy may be given in doses proportioned to the age of the patients. Carbonate of ammonia he considers to act beneficially: 1st, by supporting the powers of life; 2d, by assisting the development of the eruption; and, 3d, by acting on the skin and kidneys. Where the vapor-bath was used early in the disease, and its use continued daily, or even twice or thrice a day, according to circumstances, he has found that the chance of severe sore throat was greatly obviated. In regard to supervening dropsy, he considers that, by the use of the vapor-bath, with the other necessary precautions as to exposure, diet, etc., its recurrence is rendered much more rare. In the treatment of the dropsical cases, it was also very useful, and even might be trusted to entirely in some cases. Dr. Wood also condemns all depleting treatment, and even purgatives during the first ten days, as not only not required, but positively dangerous, as tending to interfere with the development of the eruption. In the later stages, as well as in the dropsy, however, he thinks purgatives are often beneficial.

The general plan of this treatment appears to be so far rational that its object is to hurry forward the disease by applying damp heat to the skin, and by thus assisting nature to make her operations more perfect than they might otherwise be. In other words, by rendering the febrile eruption more complete, diminish the risk of its leaving behind it a tendency to subsequent disease. Whether this plan as a whole will, in practice, prove more extensively beneficial than any other, can only be determined by an extensive trial and careful comparison of the results. I propose, however, to try it in the next case which enters the wards.—*Monthly Jour. of Medical Science.*

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*On the Treatment of Stomatitis Ulcerosa.* By F. W. Mackenzie, M. D.—In the general management of these cases, we are directed to employ, locally, strong solutions of the nitrate of silver, or of the sulphate of copper or zinc, with or without astringent, stimulating, or detergent gargles, and to administer, at the same time, quinine, tonics, and a liberal diet. I formerly followed these instructions closely, but sometimes with equivocal success; and I am now, after repeated trials, disposed to give the preference to the following method of treatment. It consists in removing, in the first place, any apparent cause of irritation, such as a decayed tooth, should it exist, and in applying, daily, the dilute nitric acid of the pharmacopœia, to the whole of the ulcerated surfaces, by means of

a sponge, or camel's hair pencil; whilst, at the same time, the sesquicarbonate of ammonia is given in full doses, combined with the citrate of iron. When the tongue is coated, and the alvine discharges are unhealthy, it is necessary to premise an emetic of ipecacuanha and squills, as well as a purgative of calomel and rhubarb. It is also necessary that the patient should be well supported by a nutritious diet, and an adequate allowance of malt liquor, or wine.

℞. Ammon. sesquicarb., ferri ammon-citrat., ăă gr. v. quartâ quâque horâ sumend. ex aquâ.

I will briefly add, that the employment of ammonia in these cases was first suggested to me from observing its beneficial effects in the ulcerative affections of the mouth and throat, which occur in children in connection with scarlet fever. And, alone, it will accomplish a cure, as some of the following cases show, although less speedily than when combined with the citrate of iron and the local application of dilute nitric acid. The latter remedy appears to have a remarkable influence in improving the character of the ulceration and arresting its progress. The sloughy, dirty, yellowish appearance, which it generally presents, is soon changed for a florid, healthy, granulating surface; and this result would appear to depend upon the moderately-stimulating properties of the remedy, which are not disproportionate to the exhausted vital powers of the part.—*Lond. Jour. Med.*

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*New Facts relating to Percussion in Pneumonia, Emphysema, etc.* By H. Roger (*Archives Gén. de Méd.*)—1. The pulmonary parenchyma, even *containing less air* than in the healthy state, gives, on percussion, a more or less evident tympanic sound: a portion of lung infiltrated with serum, or blood, or tubercular matter, and *not entirely deprived of air*, furnishes a tympanic sound more or less hollow or dull, in proportion to the quantity of air. In percussing the thorax, tympanic resonance will there be obtained in some cases of pneumonia, of tubercular infiltration, and of pulmonary œdema and apoplexy.

2. The natural pulmonic sound is not tympanic. The lung, distended more than its healthy state (vesicular emphysema), furnishes a sound sometimes tympanic and sometimes non-tympanic. *Partial emphysema*, surrounding an engorged and non-aërated parenchyma (which may happen in pneumonia), gives rise to a resonance which is usually tympanic; while this rarely occurs in *general emphysema*, and is never present in *interlobular emphysema*. When, in emphysema, the pulmonary tissue is excessively distended by the air contained in the air-cells, and at the same time the thoracic walls are very tense, the thoracic resonance, instead of being exaggerated, as might *à priori* be expected, is diminished: thus is explained (and not by the presence of false membranes covering the lung) the small amount of sound which is sometimes found on percussing the chests of patients, who are neverthless highly emphysematous.

3. In *pneumothorax*, the pectoral resonance is tympanic when the chest on the affected side is moderately distended, but scarcely ever when the tension is extreme.

4. When the *abdomen* is percussed, the varying tension of the abdominal wall may cause the resonance to vary: the more tense the wall is, the more obscure is the sound. The same occurs with regard to the resonance in cases of *pneumatosis.—Lond. Jour. of Med.*

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*Researches on the Pathology of Rheumatic and non-Rheumatic Pericarditis.* By Dr. Ormerod.—Recently before the Royal Medical and Chirurgical Society of London, Dr. Ormerod read a very interesting paper on these affections. He commenced by a reference to the researches of the late Dr. Taylor, who had satisfactorily shown that acute rheumatism was not exclusively the cause of pericarditis, and who had also called attention to the importance of granular disease of the kidney in reference to this morbid condition. The author desired to limit the use of the word pericarditis to present inflammation of the pericardium; and this analysis referred exclusively to cases of this nature. The means of investigation comprehended complete records of 1410 cases observed under nearly similar circumstances; that is, in the wards of different hospitals. Of these, 1249=88.59 per cent. were not cases of rheumatism; 161=11.41 per cent. were admitted on account of rheumatism, or suffered from it while under observation. Of the whole number, 85 =6 per cent. had recent pericarditis, observed during life, or discovered after death, and were thus distributed:—

| | |
|---|---|
| 24=1.92 per cent. occurred among | 1249 non-rheumatic cases. |
| 61=37.88 per cent. " | 161 rheumatic cases. |
| 85=6 per cent. | 1410 |

The mean age of 61 subjects of rheumatic pericarditis was about 21; the mean age of 24 subjects of non-rheumatic pericarditis was 42; the extremes being 7 and 63 years. As to the different causes of the pericarditis—

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|---|---|
| Rheumatic..... | 61 cases coincided with acute rheumatism. |
| Non-Rheumatic of local origin, | 7 ensued on inflamation of lungs or pleura.<br>2 ensued on malignant disease of the pericardium.<br>1 ensued on old cardiac disease. |
| Non-Rheumatic of constitutional origin. | 6 coincided with granular disease of kidney.<br>4 coincided with hæmorrhage or exhaustion.<br>2 coincided with scarlatina or erysipelas respectively.<br>2 were inexplicable. |
| | 85 |

The date of the accession of pericarditis was determined in 33 of the rheumatic cases. The mean of these observations gave the 10. 5th day of the rheumatic attack as that on which the pericardial complication most commonly supervened. The question, whether a first or second attack of rheumatism was more likely to be accompanied by pericarditis, was beyond the reach of hospital statistics. This source of information was silent also on the question, whether pericarditis be more likely to occur in severe or in the slighter cases of rheumatic fever. It might, however, be safely inferred, that the severity of the articular and pericar-

dial affections bore no very close relationship to each other. It was certain that the most severe, even fatal pericarditis, might occur where there was but faint evidence of articular affection, and this latter condition might exist in the most aggravated and intense form without involving the addition of pericarditis to the other sources of distress. The author then entered upon the consideration of the subject of non-rheumatic pericarditis of local origin; and a question of importance here presented itself—What was the influence of preëxistent cardiac or pulmonary affections in inducing inflamation of the pericardium? The question was of equal importance in relation to acute rheumatism. The relation of pulmonary inflammation to pericarditis was thus illustrated:—In the 1410 cases, the basis of this inquiry, some form of pulmonary inflammation—that is, pneumonia, pleuritis, or pleuro-pneumonia—was ascertained to exist, either by auscultation or dissection, in 265 cases. Of these—

| | | | |
|---|---|---|---|
| 117 had pneumonia, | of which | 19 had recent pericarditis. | |
| 86 had pleurisy, | " | 6 | " |
| 62 had pleuro-pneumonia | " | 8 | " |
| 265 | | 33 | = 12.4 per cent. |

In the rheumatic class, pericardial inflammation commonly preceded, yet sometimes, though rarely, followed, pulmonary inflammation. The non-rheumatic class told quite a different story; here pulmonary inflammation had apparently a distinct influence in inducing pericarditis, and this influence was most evident in cases of pleurisy; and clinical observation bore out the conclusion, that the pericarditis was subsequent to, and probably contingent on, the pulmonary inflammation. The author then referred to the comparative fatality of non-rheumatic compared with rheumatic pericarditis, and also to the desirableness of instituting an exact comparison between Bright's disease of the kidney and acute rheumatism, in respect to their tendencies to induce inflammation of the pericardium. In conclusion, the author desired to ascertain how far the results obtained by his present analysis agreed with those of the published cases of Dr. Taylor, who had made the subject of non-rheumatic pericarditis so peculiarly his own. The deductions seemed identical, and one rose from the perusal of those elaborate clinical reports with a conviction that non-rheumatic pericarditis was more within the province of the anatomist than of the physician. It was a disease with few or no symptoms, its physical signs recognised more often by a chance discovery than on the suggestions of the disease, and its morbid changes small in amount and apparently inactive; and where opportunity had occurred of watching the disease some time previous to death, it had been apparently without effect on the general symptoms, its presence or absence being determined by the ear alone; and still, in these, its connection with the fatal termination had appeared to be that of a coincidence rather than of a cause.

Dr. Copland felt obliged to the author for the very practical and literary way in which he had brought his paper before the fellows of the

Society. The association of disease as exemplified in Dr. Ormerod's communication, showed us that, in practice, we must not look at cases of disease as always simple, but frequently as complicated as those under discussion. All these were connected with the morbid condition of the blood, and to this we must look as the cause of the articular rheumatism, the pericarditis, pleuritis, &c. All these were evidences of the blood being in an abnormal condition, from whatever cause it originated. Several organs became affected, and when an important disease existed, it masked the minor one. We saw the same train of phenomena in Bright's disease, in which inflammation of the serous membranes was liable to occur from the non-elimination of morbid matter from the blood, and its consequent circulation through the system. These combinations of diseases should be viewed in our routine of practice as the result of the morbid action in the system.—*Dublin Medical Press.*

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*On the Preventive of Puerperal Mania.* By Prof. Simpson.—Recently before the Edinburgh Obstetrical Society, Dr. Simpson gave an account of the use of choloroform in patients predisposed to puerperal mania. He stated the particulars of three cases in which chloroform was used in patients, who in former confinements had been the subjects of puerperal mania. In none of these cases did the disease return. One of them had borne several children previously; and after each labor, had been attacked with puerperal mania, but had entirely escaped from any recurrence whatever of the disease after the last labor, in which he had employed chloroform.—*Month. Jour. of Med. Sci.*

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*Clinical Illustrations of Sub-Acute Ovaritis.* By E. F. Tilt, M. D.

1. With regard to the *Predisposing Causes* of sub-acute ovaritis, irregularity of the menstrual process is one the most frequently observed; for, eight times out of ten it occurred in connection with menstruation. The earlier part of womanhood also would seem most liable to this disease, as seven out of ten patients were under twenty-three, and the eldest was only thirty-two. Those too are most liable to it who are endowed with a sanguine constitution, dark eyes, and red, auburn, or black hair, constitutional peculiarities generally supposed to be allied to an ardent temperament. In this, my experience is supported by that of Dr. Pistocchi, of Bologna, who has lately published some interesting cases of ovaritis, and says that all the patients are women gifted with strong passions. Six out of the ten patients were single.

2. The *Determining Causes* were over-exertion during menstruation, the sudden impression of cold, marriage. In five cases, however, none could be discovered.

3. The *Symptoms:* pain in one or in both ovarian regions. The pain being fixed, but sometimes subject to irregular exacerbations, being increased by pressure, by going up and down stairs, by a false step, or by any thing that could jar the corresponding limb. It is well to notice that pressure on the ovarian regions did not generally determine pain in the course of the lumbo-abdominal nerves. In two cases the pain was accompanied by an amount of abdominal swelling discernible to the eye,

obscurely felt on pressure on the abdomen, better appreciated by a vaginal examination, and which would have been made certain if a rectal examination had been deemed requisite. In five cases there was considerable pain and swelling of the breast corresponding to the side affected, and of both when both sides were diseased. Dr. Pistocchi has noticed it in two cases; but I think Dr. Lightfoot has gone too far in considering it as pathognomonic of ovarian inflammation. Thus the mammary glands, the uterus, and the ovaries, form a chain of organs as strongly linked together in the morbid as in the physiological state. In Case 1 there was numbness and pain in the corresponding limb, a symptom noticed by Dr. Simpson. In four cases there was fever, but of no great intensity.

4. The *Terminations or Morbid Conditions* induced by sub-acute ovaritis were, a painful congestion of the womb in four out of ten instances; in three, remittent menstruation; a deficiency of the menstrual excretion in three more; and in two, bilious plethora. Dr. Rigby has dwelt on the sickening nature of the pain determined by ovaritis: and Dr. Woolley, of Brompton, tells me he has often seen cases similar to those above described by me, and frequently noticed sickness as one of the symptoms. Dr. Laycock alluded to it some time back as a symptom frequent in this, as in all ovarian states, both physiological and morbid.

5. *Treatment:* The same local measures previously described were always adopted, with the addition of leeches and the internal exhibition of antimonials when there was fever. In the cases coinciding with marked biliary derangement, I prefaced all treatment by an emetic, the temporary increase of pain thus mechanically determined being amply compensated by the relief speedily afforded to the patient. Suphate of quinine was very useful in bringing back menstruation to its normal type; and I cannot too strongly recommend its exhibition alone, or combined with steel or opium, according to the case.

6. *Duration of the Disease:* Generally about twenty-one days; but in one case, of probable long standing, it was four months, and in another there was a relapse.—*Lancet.*

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## SURGERY AND SURGICAL PATHOLOGY.

*Cases of Abscess in the Tibia, occasioning long-continued pain, successfully treated by Trepanning.* By HENRY LEE, Esq. "CASE 1.—James Stocker, æt. 26, came under my care at King's College Hospital, on the 16th June, 1851. He then complained of intense pain in the left leg, which had prevented him sleeping, except at very short intervals, for a month previously. The pain continued without intermission, but was aggravated by occasional paroxysms. At such times, it would first be felt in the tibia, extend thence to the knee, and shoot up the thigh to the hip. This shooting pain was of a most excruciating character.

Upon examination, the shaft of the tibia was found enlarged to double its natural size. The enlargement occupied four or five inches of the bone, being most marked in its middle third, but altogether situated nearer the upper than the lower extremity. Pressure upon

the swelling caused no uneasiness, nor did the position of the limb in any way appear to affect the character of the pain. No tender point could be detected in any part of the enlargement. When the pain was most severe, he appeared to derive some comfort from walking about; and he would occasionally get up in the night to do so. The pain and want of sleep had evidently given him a careworn appearance: but as far as the different functions were concerned, he appeared to be in perfect health; nor was there any history of his having suffered from constitutional disease.

He stated that, seven years and a half previously, he had, after some slight injury, first experienced pain in the leg. It was then worst at night, but used to leave him at five o'clock in the morning, "as regular as the clock struck." At that time, the pain lasted for nine weeks, and during the whole period was unaccompanied by any tenderness upon pressure. At different intervals afterwards, he experienced some slight return of the pain, but never so as to cause him much inconvenience, till he struck his shin against a chair, about five weeks before he came into the hospital. On the evening after this slight accident, he felt pain in the leg, which he at once recognized as of the same character as that which he had experienced seven years before. In two or three days the pain became so severe that it prevented him sleeping at night. He used different remedies, in the hope of obtaining some relief, but the symptoms continued unabated up to the time of his application at King's College Hospital.

A blister was now placed over the tibia, and was dressed with equal parts of mercurial ointment and extract of hyoscyamus. He was also directed to take four grains of the iodide of potassium in infusion of quassia three times a day. This treatment was continued for a fortnight, when the pain had in a great measure subsided. He now took more to drink than he was accustomed to do, and the pain returned with all its former severity. It was, however, still unaccompanied by fever, or by any tenderness of the part. The same plan of treatment as before was adopted, and he experienced a remission from his sufferings for about a week. At the expiration of this time, without any apparent cause, the pain again returned, and a repetition of the medicine was not followed, as before, by any marked relief. I now determined to trephine the tibia, and advised the patient to come into the hospital for this purpose, which he did upon the 12th of August.

The operation was performed on the following day. As there was no spot upon the tibia that was particularly tender, a point was selected for the application of the trephine which projected, and which felt slightly hotter to the touch than the rest. A common trephine, with a shoulder, was used, as no other was at hand. The instrument in consequence became buried in the bone, as far as it could conveniently go, before it reached the medullary canal. This depended upon the great thickness and increased hardness of the parts, and caused a little delay in the operation. After removing the trephine and reapplying it, some matter was observed oozing up by its side. A complete circle of bone, three-eighths of an inch in depth, was now removed, and an

abscess in the medullary canal presented itself. Mr. Ferguson, who was present, observed the peculiarly white and creamy appearance of the pus. The cavity in which it was contained was about an inch and a half in length, and would have held two or three drachms. There was no portion of dead bone connected with the disease, and the matter was not in any degree putrid. The point at which the trephine was applied was exactly six inches from the head of the tibia.

After the operation, the edges of the wound were slightly brought together and covered with wet lint. The pain ceased as soon as the patient had recovered from the immediate effects of the operation, and did not again return. On the 22d of August, the skin had nearly covered the wound, leaving a small opening leading into the cavity of the bone. The tibia itself had by this time considerably diminished in size. This patient was sufficiently well to leave the hospital at the end of a month; and in two months, the bone had nearly regained its natural size.

The following case is from notes taken by Mr. Prescott Hewett, during the time he was house-surgeon at St. George's Hospital.

"Case 2.—William Mowbray, ætat. 24, was sent up from the country on the 17th of November, 1838, for the purpose of having his leg removed. His constitution was at that time evidently suffering from disease, connected with enlargement of the head of the left tibia. This was accompanied by constant pain and want of sleep, and was supposed to be connected with some affection of the knee-joint. Upon examination, the leg in this situation was found to be nearly an inch more in circumference than upon the opposite side. The swelling, which was prominent and tender at one point, extended for three and a half inches down the inner side of the bone. A dark purple blush occupied the skin, covering its most projecting portion a little below the tubercle.

He stated that, six years previously, he first experienced a dull, heavy pain over the shin bone, which was followed by a swelling below the knee. The symptoms continued unabated for two months, during which time he applied leeches and took medicine. He then changed his residence, for the benefit of fresh air, but the symptoms still continued, and had not entirely subsided for four months more. He now considered himself well, and continued without suffering any inconvenience till three months before his admission into St. George's Hospital. The pain, without any apparent cause, at that time returned, and the upper part of the bone again began to enlarge. Leeches were applied, and mercury given internally, but without benefit. After his admission into the hospital, calomel and opium, sarsaparilla and iodide of potassium, were given in succession, but still without any alleviation of the symptoms.

On the 13th of December, Sir B. Brodie applied a trephine to the head of the tibia, and about three drachms of pus were evacuated from a cavity in the cancellous structure of the bone. This cavity extended upwards to the immediate neighborhood of the knee-joint. The point selected for the application of the trephine was where the bone was most

prominent, and where the greatest tenderness was experienced upon pressure. The operation afforded immediate relief. The man slept well the night following, and from that time improved in health and appearance. In a month, the cavity of the abscess was nearly filled up, and the patient was discharged, cured, on the 30th of January, 1839."—*London Jour. of Medicine.*

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*Ligature of the large Arteries in eighty-two cases.* By M. Roux. The following eighty-two operations comprise the whole number of ligatures of arteries performed by M. Roux since 1808, and were communicated by him to the Société de Chirurgie:

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|---|---|---|
| Popliteal artery..... | 1 | 1 Spontaneous aneurism (ancient operation). |
| Femoral artery..... | 46 | 3 Recent wounds.<br>2 For hæmorrhage after gunshot wounds.<br>2 Wounds of artery in operation.<br>7 Hæmorrhage after amputation.<br>1 Femoral aneurism (Hunter's operation).<br>2 Femoral aneurism (ancient operation).<br>2 Fungous tumour of tibia.<br>27 Popliteal aneurism (Hunter's operation). |
| Brachial artery..... | 20 | 10 False aneurism of the bend of the arm.<br>6 Arterio-venous aneurism.<br>2 Hæmorrhage after amputation.<br>1 Spontaneous aneurism of the ulnar artery.<br>1 Fungous tumour of the radius. |
| Carotid, common..... | 6 | 1 Fungous tumour of the orbit.<br>2 Wound of the face.<br>3 As a precautionary measure before operations. |
| Axillary, immediately below the clavicle, | 4 | 1 Spontaneous aneurism.<br>1 Recent wound, with false aneurism.<br>2 Hæmorrhage after amputation at the shoulder-joint. |
| Subclavian..... | 3 | Secondary hæmorrhage. |
| External iliac..... | 2 | Secondary hæmorrhage after ligature of the femoral artery. |
| Total..... | 82 | |

In these operations the distal mode of Brasdor has not been tried. The old method, 16 times; and that of Hunter's with Scarpa's ligature, 66 times. The number of cases of true aneurism was 33, of which two only were women. The results were, 10 unsuccessful and 23 cures. The number of false aneurisms was 10, all of which were successfully treated.

Of the six cases of arterio-venous aneurism, for which the humeral artery was tied in each case, four were successful, and in two amputation was necessitated by gangrene or secondary hæmorrhage.

These statistical facts will be read with interest by the English surgeon, by whom the thick ligature used by Scarpa is now carefully eschewed, but the small number of cases (4) in which secondary hæmorrhage occurred, will certainly bear out M. Roux in his attachment to this mode of operation. The difference between the English and French modes of conducting the ligature of arteries is so great, both in the operation itself and in the dressing of the wound, that we rejoice to find

that the above facts will form part of a complete work on surgery, which M. Roux is now preparing, and of which the memoir presented to the Société de Chirurgie is only an instalment.—*L'Union Medicale* and *Prov. Med. and Sur. Jour.*

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*On a New Mode of Treating Cartilaginous Bodies in the Knee-Joint.* By Prof. James Syme.—The risk of serious and even fatal consequences which attends the removal of cartilaginous bodies from the knee-joint by external incision, led me to think of another method by which the object might be more safely accomplished. This was making a subcutaneous opening in the synovial membrane, through which the body having been passed might be either allowed to remain embedded in the cellular texture, or removed at a subsequent period without disturbance of the articular textures. On the 1st of February, 1841, this proposal was carried into effect on a patient, who had been admitted into the hospital under my care, for relief from a cartilage of considerable size, and with complete success, as will appear from the account published in this Journal for the following month (March). The same idea had occurred to a French provincial surgeon, M. Goyrand, who published an instance of its application in practice. The first notice of this case, which was quite unknown to me, did not appear in the English journals until April.

Although, as frequently happens with procedures not destined to maintain a permanent reputation, this operation succeeded perfectly on the first occasion of its performance, it was soon found to labor under a very serious objection. This was from the difficulty, or rather impracticability, frequently experienced in effecting displacement of the cartilage through a subcutaneous aperture of the synovial membrane. In order to remedy this defect, Mr. Liston proposed to introduce the knife twice, and make a double incision. But, while the difficulty was thus very imperfectly removed, the advantage of the operation was in a great measure sacrificed by the complication of procedure.

Having become satisfied that displacement by subcutaneous incision could not be depended on for the remedy of this disease, I endeavored to think of some more effectual mode of affording relief, and soon afterwards met with a case which has, I hope, ultimately led to the accomplishment of this object. The patient came from Yorkshire, to get a cartilage removed from the knee-joint. Upon examination, I found that the body, which was of more than average size, lay over the external condyle, and learnt that, although previously very troublesome, it had occasioned no uneasiness since occupying this position, which it had done without any change since a short while before he left home. I was still urged to perform the operation, but declined, in the hope that there would be no further occasion for it, and therefore ordered merely a blister to be applied from time to time. Some months afterwards the patient informed me that the cartilage kept its place, had decreased in size, and given him no uneasiness whatever.

In the next case that presented itself, I endeavored to produce the

effect of this natural process, by thrusting pins and needles through the cartilaginous body, together with the superjacent textures, so as to prevent any motion for days and weeks; but without success, as the restraint was no sooner withdrawn, than mobility, with its attendant consequences, returned. I then tried to effect displacement by subcutaneous incision, also without success; and, finally, in compliance with the urgent desire of the patient, removed the body by external incision. As inflammation and suppuration of the joint followed, notwithstanding every practicable precaution, I felt more than ever the importance of discovering a more safe substitute for this procedure; and upon the next occasion adopted the following method.

The cartilaginous body having been urged to the outer side of the joint, and pressed down over the external condyle of the thigh bone as close as possible to the head of the fibula, and kept in this position by the finger of the left hand, I introduced a tenotomy knife obliquely through the integuments and subjacent textures, until it reached the cartilage, into the substance of which I cut freely, so as to make sure of fully dividing the synovial membrane. A compress and bandage were then applied, so as to maintain the body in its place, and leave room for the application of a blister on the surface. Adhesion was thus accomplished, and in the course of a short time followed by a distinct diminution in the size of the cartilage, which occasioned no further trouble. Two other bodies, which existed in the same joint, were treated after the same fashion, and with the same result. My colleague in the hospital, Dr. Mackenzie, has employed this method in one case with complete success; and I may here give the particulars of another, which lately occurred in my own practice.

"Alexander M'Pherson, æt. 27, shepherd, Glenorchy, admitted September 1st, 1852. About five weeks before admission, he felt himself suddenly 'crippled' as he was walking; this occurred a second and a third time, and was on each occasion attended with intense pain in the knee-joint. He examined the joint carefully after one of these sudden fits of lameness, and at length discovered a movable body. He was advised to go to Edinburgh, to obtain the advice of Professor Syme.

"On admission, the loose cartilage can be easily felt, and appears to be about the size of a large garden bean. After he has walked a few steps, it usually takes up its position between the inner condyle of the thigh bone and the internal tuberosity of the tibia. When he lies down, the movable body slips up the inner side of the synovial membrane, crosses the joint, and may then be obscurely felt about an inch and a half above the outer edge of the patella.

"*September 13th.*—Mr. Syme having felt the cartilage in the position last described, pushed it down the external side of the joint, and pressed it firmly against the synovial membrane, close to the head of the fibula. The knee being bent, Mr. Syme entered a straight tenotomy knife through the integuments, and made an incision into the surface of the cartilage, which was immediately afterwards fixed by a strip of adhesive plaster. A blister, about the size of a crown piece, was then applied over the seat of the cartilage.

"*September 14th.*—The blister has risen; there is not the slightest degree of constitutional disturbance. *September 16th.*—Patient continues well. *September 23d.*—Cartilage seems fixed; he now moves his leg a little. *September 29th.*—The movable body cannot be felt.

"Discharged cured, October 18th, 1852."—*Month. Jour. of Med. Sci.*

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*Peculiar mode of administering Copaiba.*—It has been noticed that such patients as were purged by the copaiba evacuated per anum large quantities of this drug in an unaltered state, their urine not containing any of it. These persons, though somtimes cured, generally had a relapse. Those, however, who were not purged became well more slowly, and had no recurrence of the disease; their stools contained no copaiba, and their urine a great deal. From these facts it became evident that in order to obtain regular and speedy effects, the copaiba should be made to undergo such modifications as to insure its more complete absorption into the system. Experiments were now instituted respecting the effects of the two principal substances contained in the copaiba—viz., the oil and the resin. These were separately tried. The oil produced a decidedly purgative effect; the resin purged less; but no complete cure was obtained by either substance taken separately.

It was now pretty clear that both the resin and essential oil were indispensable for obtaining curative effects, and the question arose how these could be modified so as to allow the stomach to digest them completely. This end was attained in surcharging the copaiba with oxygen, by means of nitric acid, the latter being added in proportions which varied according to the kind of copaiba acted upon. The nitric acid yields some of its oxygen to the essential oil, and the nitrogen is given off in the form of hyponitrous acid, by combining with the oxygen of the atmosphere. The copaiba thus treated is then well washed with water, until it no longer reddens litmus paper, and to it are added one-tenth part of cubebs in fine powder, the same proportion of carbonate of soda, and one-sixteenth part of calcined magnesia. The mixture is allowed to stand until it is quite solidified, and in that state it is made into small masses. The latter are then carefully covered with sugar, to which a pleasant pink color (coccus cacti] is given, and they then look like very pretty sugar-plums.

To these saccharated capsules the name of Copahine-Mège was given, because the experiment had been made conjointly by M. Jozeau and M. Mège, and the latter had first thought of making the saccharated capsules. For lymphatic patients and delicate females a second mass was prepared, into which, besides the above-mentioned ingredients, some steel was made to enter. This is then a sort of martial preparation of copaiba. The doses are stated as follows:—

When there is neither pain nor inflammation, five saccharated capsules are taken three times per diem. One capsule more is then given with each dose every subsequent day, the doses being thus increased until purging is produced. Where there is pain or inflammation, these

should first be treated by the surgeon in the manner he thinks the most advisable, and the copahine is to be commenced when acute symptoms have abated. It has been noticed that the martial capsules have effected a cure when the simple preparation has failed.

Such being the explanations given by M. Jozeau, several hospital surgeons agreed to give the capsules a trial, but this proved somewhat difficult, as far as public practice is concerned, since persons affected with gonorrhœa are not in general admitted as in-patients into these institutions. It was, moreover, evident that upon out-patients the effects could not be so conveniently watched, and the value of the remedial agent ascertained.—*Lancet.*

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*On Cod-Liver Oil as a Remedy for Lupus.*—The great efficacy of cod-liver oil in cases of lupus, has been pointed out by various authorities. Dr. Teirlinck, of Ghent, has lately communicated to the "Annales de Gand" his experience of the remedy, given in large doses, in the case of a man twenty-three years of age, with extensive ulceration on the sternum, neck, and entire left cheek, which had commenced four years before. Cod-liver oil was ordered for the patient, commencing with *half a pound* per diem, in two doses: five days afterwards, *one pound;* in eight days, a *pound and a half;* and after twelve days, *two pounds* per diem were prescribed. In six weeks some symptoms of indigestion manifested themselves and continued for fourteen days, during which period the use of the oil was suspended. It was then resumed in gradually increasing doses, till after the lapse of two months the daily quantity of *three pounds* was reached; a dose which was persisted in for six weeks. The cure went on steadily, and the patient, rallying from his exhausted condition, assumed the look of health. During his treatment, between the 6th December 1850 and 13th July 1851, he had used 265 pounds of cod-liver oil, and although at first there were occasional slight irregularities of appetite, he soon began to tolerate a nutritious diet. Hebra, of Vienna, has also recommended the administration of large doses of cod-liver oil in cases of lupus, and lately exhibited to the society of Viennese physicians, a patient in whom a lupus hypertrophicus had been almost thoroughly eradicated, between the 27th March and 17th November, by the use of 708 ounces of the oil taken during that period.—*Month. Jour. from Nederlandsch Weekblad.*

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## OBITUARY.

Death of Herbert Mayo, Esq.,—On the 15th of August last, at Bad Weilbach, near Mayence, (on the Rhine). Mr. Mayo was formerly Senior Surgeon to the Middlesex Hospital, and Professor of Physiology at King's College, London. Says the London Journal of Medicine, "ten years ago Mr. Mayo had a fair reputation; latterly he embraced Hydropathy and Mesmerism, and went over to Germany to practise these heresies, among the English fashionables who flock to Mayence, &c., when exhausted with the enervating whirl of a London season. In private life Mr. Mayo is said to have been amiable, but rather conceited."

# PART FOURTH.

# AMERICAN MEDICAL RETROSPECT,

# AND EDITORIAL.

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## PATHOLOGY AND PRACTICAL MEDICINE.

*Clinical Remarks on a case of Death from Chloroform accidentally administered in the Massachusetts General Hospital.* By Professor J. C. WARREN, M. D., one of the Surgeons to that Institution.—The occurrence in this Hospital a few days since of two unfortunate cases, one of which proved fatal, renders it desirable that an explanation should be made of their course and cause. I shall attempt this explanation the more readily, as it will afford a great practical lesson, which you may never again have an opportunity of witnessing.

This hospital was founded about thirty years since. The most distinguished men of our community, the Lowells, Bowditches, Quincys, Sullivans, Perkinses, Lawrences, Appletons, and others, were among those who devoted their time, talents and property to the erection of the Institution, and who have continued to support it by their paternal care. These names are a pledge to the community that it has been conducted with all the wisdom human ingenuity could furnish.

Among the regulations which they have thought judicious, is one for an annual election of the medical officers. This regulation does not involve the necessity of removal of all these officers; they are changed only when it is thought necessary, or expedient; and this necessity does exist frequently in regard to the house-surgeons or pupils, and the apothecary. When it takes place in the latter office, a considerable time is required for the new incumbent to acquaint himself with the customs and practices of the Institution; and it is obvious that such a change, involving an immense number of details, cannot occur without some oversights and mistakes. No mistakes, however, of any importance have come to our knowledge previous to those connected with the late accidents.

A number of operations were to be performed, and the patients to be etherized. For this etherization, Chloric or Sulphuric Ether is usually employed. Chloroform, the popular favorite, is never used in this institution, except as an external application; but on this occasion it was introduced from the fact, that it had been poured into a bottle labelled with the title "Concentrated Chloric Ether." This bottle, then, marked as concentrated chloric ether, was placed on the table, and employed for these operations without suspicion on our part, that it was not the article designated by the label on its surface. The error escaped the observation of those who administered it, from the fact that there is a resemblance in the sensible qualities of the two articles. So that three persons were etherized with chloroform instead of chloric ether.

I shall now proceed to give an account of three cases, in which chloroform was accidentally administered in this Hospital on the 6th Nov. last. In my account, I shall endeavor to avoid the use of names, as more delicate and proper; but I would say that all who aided me on this occasion, performed their duties with activity and credit.

Three cases presented themselves for operation. The first was on a contracted hand. The patient was etherized with the supposed chloric ether. In two or three minutes anæthesia being produced, the operation was performed under the continued administration of the same article during from five to ten minutes. The patient escaped without any other inconvenience than a slight soreness of the throat—an effect of the inhalation of chloroform which I have myself experienced.

The second case was of a tumor on the right side of the face in the region of the parotid gland, supposed to lie in the substance of this gland. The attendants being arranged so as to give every assistance to the patient and the operator, the anæsthetical liquid was applied as usual with a sponge, and with the freedom employed in the use of ether, but not proper where chloroform is known to be used. As soon as the application was made, the patient began to struggle and throw his limbs about in so violent a manner that we were compelled for the moment to resign him into the hands of the assistants. But being soon exhausted by the excessive motion, he necessarily inhaled more freely, thus filling his lungs with the vapor of chloroform, and in three or four minutes rendering him insensible. The operation was begun, the parotid gland laid bare, the tumor found to lie behind it, the parotid gland itself incised, and a round regular tumor inclosed in a fibrous sac was brought into view. At this moment those appointed to watch the patient gave a signal that the pulse was failing and respiration scarcely perceptible. Immediately cold water was dashed on his face, and this not reviving him, motions of the chest (in imitation of respiration) by moving the ribs up and down, blowing of air into his face, and afterwards into one nostril, stopping the other (pressing back the larynx so as to prevent the air from going into the stomach), frictions of the limbs, clearing the mouth of saliva and froth, and removing the mucus from the throat by the finger, were resorted to. At this period I called for ammonia. During the year past I have been in the habit, when a patient was to be etherized, to direct a bottle of ammoniated alcohol to be placed on the table.

This substance is a powerful stimulant, and has been employed from an ancient period to revive persons affected with many of the forms of suffocation, or asphyxia, and also for fainting. Its object is not to oxygenate the blood, which it cannot do, but to give a spur to the nervous system, and put in motion the dormant vital energy, for which purpose it is superior to any other stimulant. This is not the strongest preparation, but there was brought by mistake, and without my being aware of the fact, a bottle of aqua ammonia, which is three times stronger than that above named. It has the same color, and also the same odor, though the latter in a greater degree, with the ammoniated alcohol. The difference, however, would not be detected in a case of urgency, where a few seconds lost might be fatal to the patient. This article then was applied on a sponge to the nostrils, and not producing any effect, a small portion was insinuated into the mouth. At this moment some faint appearance of respiration was exhibited, and by the continued efforts of artificial respiration and friction, the pulse returned, the patient began to breathe freely, and in from five to ten minutes more he seemed quite out of danger. The operation was then concluded, and the patient carried to his bed.

After lying a few hours he recovered his usual state, at least so far as to speak and drink without difficulty; he was, however, much troubled with a secretion of mucus from the lungs, and a cough necessary to extricate it. He had also soreness of the throat in swallowing. The latter symptom has at this time disappeared, but the cough and expectoration continue. The patient wishes to leave the Hospital this afternoon, but I shall previously take occasion to call him into your presence.

The third case is the most important. It was that of a young man, about twenty years old, a native of Ireland, who had had his arm entangled in the machinery of a bark-mill about five days before. The muscles and other organs were torn from the fore-part of the arm, and some loss of blood took place. On his entrance to the hospital the hand was found cold and without sensation, showing that the nerves had been destroyed, and that his arm could not be restored. Amputation was proposed to him, but he rejected it, and notwithstanding the danger of mortification and lockjaw, and the ultimate uselessness of the limb, were pointed out to him, he insisted he would die with his arm on.

On Saturday partial mortification had taken place in the mean time, rendering the arm excessively painful and fœtid, and being convinced that he could never recover the use of it, even if he lived, he agreed to have it amputated. The surgeons and assistants took their places around him, as in the last case, while I myself watched his pulse. Etherization was carefully made; immediately on the application of the anæsthetic fluid he became perfectly quiet; the operation proceeded, and was accomplished in about two minutes. Just as it was finished, I perceived his pulse was rapidly failing. Word was given to suspend the dressing, and dash water on his face, which was immediately done. Notwithstanding this the respiration and pulse went on diminishing, and soon ceased. He was to all appearance entirely dead. Artificial respiration was directly produced by moving the ribs; the limbs were rubbed,

ammonia was momentarily applied to the nostrils and mouth, and when these things failed ammonia was introduced into the mouth, as in the other case. Soon after this, to our great joy a slight inspiration followed, and the efforts being continued, his respiration improved, though he breathed with difficulty, owing to the quantity of mucus in the lungs. By great efforts on the part of the gentlemen standing around, in lifting and turning him on his side, so as to drain out the mucus from his lungs, and by frequently sponging the back part of his mouth, he was from time to time relieved. At last, passing an empty spoon into his mouth, and pouring some brandy and water from another into it, he was made to swallow fully. A stimulating injection into the bowels was also administered.

After aiding in clearing his lungs for some length of time, it was thought he might be removed to his bed; there a little brandy and water was given occasionally, which he swallowed readily. He also spoke and answered all questions proposed to him until the last moment, showing that the organ of voice was not injured. When asked if he suffered, he said "yes," and placed his hand on the region of the heart. Mucus continued to fill his throat. There was no obstruction in the opening of the larynx, for mucus issued from it in a copious stream, showing that his whole lungs were affected. Having remained with him until the pulse had become pretty good, and the respiration apparently better, we adjourned, to meet again in an hour and a half; placing at the same time the house-surgeon at his side, with instructions to keep his throat clear of mucus, and support him by stimulants, with the strongest injunctions not to leave him till our return.

Shortly before the time fixed for the return of the surgeons, which was half past three o'clock, the house-surgeon perceiving his pulse to suddenly fail, and that his breathing was more hurried, uncovered the stump to see if it was bleeding, and found some effusion of venous blood, probably produced by the liquefaction of blood from the chloroform poison. He then cleared the mouth of mucus, which he had hardly completed when the patient breathed his last without any effort or convulsion. Soon after, an opening was made in the trachea and air blown into the lungs for the purpose of inflation, but without effect. A proposal had been made to do this during life, but it was objected to, because air had already been thrown into the lungs through the nostril, because there was no obstruction in the larynx, because blood might escape through the aparture into the trachea and combine with congestion and mucus in the lungs to increase the difficulty.

On the following morning an examination of the body was proposed, but his friends arriving, objected, and although we urged the importance of ascertaining the immediate cause of death, they continued to object decidedly.

*Remarks.*—Immediately after the occurrence of alarming symptoms in this case, it was discovered that the substance which had been used was not chloric ether, but chloroform; and not till then did we understand the extraordinary phenomena which presented themselves in this and the preceding case. This patient died with the usual phenomena of chloroform poison.

If we consult the records of fatal cases of chloroform, published by me in 1849, we shall perceive that of fifteen cases there mentioned, the principal part took place in a very sudden manner, some of them occurring a minute or two after the application, and some of them in a period of from ten minutes to fifty hours. In the latter case the lungs were remarkably congested or filled with blood, owing to the poison applied to the air-cells of the lungs, or circulating with the sanguineous fluid, as in asphyxia. From various causes asphyxia is of frequent occurrence; the phenomena are the same with those presented in these cases, and the remedies are the same—hence the great importance of being well acquainted with the treatment adopted in all such casualties.

The first class seem to have perished almost as if they had been struck by lightning, the powers of the nervous system appearing to be at once annihilated. In the second class the lungs exhibited a most remarkable state of congestion. In the death at ten minutes after the application, the lungs were "a good deal congested; and discharged, when cut, a large quantity of bloody serum." In the death in three quarters of an hour no examination was made, but "the respiration was infrequent and sighing," showing that the function of the lungs was interrupted. In the third case, "the lungs were filled with blood and softened; bloody serum in pleura." In some of the cases the heart was found disordered, in others the brain, but in the whole number, I believe without exception, the lungs were charged with blood, or congested—the common, decided effect of chloroform.

The revival from anæsthetic symptoms and prolongation of life for ten minutes, three quarters of an hour, and fifty hours, bring these cases into the same category with ours. The vital principle, after appearing to be extinguished, lights up and gives the hope of recovery, but the blood continuing to accumulate in the lungs from the effect of the poison, and the weakness of the patient, its oxygenation is prevented, and from want of the animating principle life is suffocated and extinguished.

Is the fatal termination of the third case to be attributed to any cause other than that which exists in the preceding cases? There is no reason to believe this to be the fact. The sinking after revival might lead to a suspicion that some other than the usual cause—congestion of the lungs—existed; and some one has suggested that it might have arisen from ammonia having entered the lungs. How could it be the cause of death in this case? By being introduced into the lungs and irritating and burning these organs? This was impossible in the given circumstances; the patient neither swallowed nor breathed after the ammonia had been employed until the whole had been washed out of the mouth by the abundant mucus. It may have been thought that the ammonia irritated the opening into the larynx and swelled it so that no air could pass through. The air did pass through freely till he died, and so did the mucus, a less volatile fluid than air. Further, when ammonia is introduced into the mouth, its entrance into the larynx is repelled by contraction of the laryngeal muscles, so that it cannot enter. Moreover, it was in excessively small quantity. A saturated solution of nitrate of

silver, it may be remarked, is frequently introduced into the mouth and even larynx for curative purposes. Most of the ammonia immediately ran out, and the rest was thrown off by the mucus of the lungs and throat. Had any disorganizing effect been produced, how could the patient have swallowed repeated draughts of brandy up to the period of his death? Finally, if the ammonia destroyed the last patient, how did the second escape the action of the same cause? He used the same quantity, so far as can be judged, and was able to swallow through the day and ever since, and to take even solid food. True he was stronger than the other, but this difference of strength would have made no difference in the chemical, or even vital action, more favorable to the one than to the other; yet the one is well—the other is dead. But I will insist no further on this point, and perhaps have already said more than was required.

We believe that the temporary resuscitation of one of these individuals, and the permanent restoration of the other from apparent death, must be considered as a triumph honorable to Medical Science and to this Institution.—*Boston Med. and Surg. Jour.*

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*Remarks on the Remedial Virtue of Veratrum Viride or American Hellebore.* By W. C. Norwood, M. D., of S. C.—Without wasting time in the proof, or in noticing the remarks that others have made prior to June, 1850, we will simply observe, that from all we find in works upon materia medica or therapeutics, and in the standard works on the practice of medicine, there are no claims set up for its superiority to its "European congener." It stands unnoticed, is not even named as a remedy, and still less as a leading and valuable remedy, by any of the standard authors of the day in their treatises on the practice of medicine. Dr. Wood, of Philadelphia, in his very able, extensive and superior practical work on Medicine, even as late as 1849, does not mention or recommend it in the treatment of a single disease. It does not form a portion of the work upon New Remedies, by Dr. Dunglison, a man of untiring industry and application, and who never slumbers until all that is known is placed in his valuable works, nor has it a place in his work on the Practice of Medicine.

Now, if the peculiar powers and properties we claim for the veratrum viride had been known and established—if its peculiar adaptation to the successful treatment of typhoid pneumonia, typhoid fever, scarlet fever, puerperal fever, &c., &c., had been known, these very learned and deservedly distinguished authors would not have failed to notice it. We have entered into the above brief notice to show how little was known of the value of veratrum viride prior to the notice given of it in June, 1850. When we furnish the testimony in our possession, it will be seen what a valuable remedy it is, and what a wide spread reputation it has acquired in the short time it has been before the public. Why Dr. Osgood ceased to give further notice of its powers we are not prepared to say: whether his silence grew out of a want of confidence in its remedial powers, or from death, we are wholly ignorant. We do not wonder at the violent and drastic effects he witnessed; but we rather wonder, from

the large doses given, that he obtained any beneficial effects. Be this as it may, if it possesses the powers and properties we attributed to it, and is adapted to the treatment of the symptoms and diseases indicated by us, the discovery must be eminently valuable. Greatly enlarged experience and observation have strongly confirmed us in the belief of the correctness of what we stated on a former occasion, namely, that when its powers and properties are fully known and understood, it will constitute a new era in the treatment of disease.

In July, 1844, we first used it in the case of Mrs. L. She had been laboring under a severe attack of pneumonia typhoides for several days. Calomel, blisters, Dover's powders, &c., failed to afford relief. We had been informed by a friend and an eminent physician, that veratrum viride "was analogous in its powers and properties to blood-root—more narcotic and less emetic, and that a fluid drachm, or a tea-spoonful of the tincture was a dose." We had often used blood-root with marked success in pneumonia, and especially in the cases of a bilious character. This case having annoyed us by its severity and obstinacy, and opium producing unpleasant effects, without relief to the pain, we determined to make a trial of the tincture of veratrum viride. We withdrew all other remedies, and put her on tea-spoonful doses of the tincture, to be repeated every three hours. Instead of making it by using (as was directed) "one pint of undiluted alcohol, of the strength of the shops, to eight ounces of the *green* root, or diluted alcohol, if the root was *dry*," we added one pint of undiluted alcohol to eight ounces of the *dried* root * This is the formula we gave to the public, and is the one we now use. It has been said by some, that it was an extravagant formula, that we used an unnecessary quantity of the root. We always like to have our tinctures, of very active agents, of the same or uniform strength, and would much prefer the waste of a little root to the uncertainty of an untried tincture. But, if any one will read Dr. Robert's valuable article on Veratrum Viride, in this Journal, for June, 1852, it will be seen that he added double our proportion of alcohol, and that he had to use double the quantity of the tincture; thus demonstrating that we were as correct in estimating the quantity necessary to saturate the alcohol, as we were in our representations of its remedial effects on the system. We would not pretend to deny that less might do, if the root were dug at the right season, (between the 1st of September and frost,) and properly assorted and put up. But in the form in which it comes to us, it is rare that less can be sufficient.

But, to return to our case: we gave her a tea-spoonful at 11 A. M. About 1 P. M. we were sent for in haste, as the medicine, or something else, was acting drastically. We found the patient vomiting every few minutes; skin cold and covered with perspiration; great paleness, nausea distressing; complained of a sense of sinking and exhaustion. After the vomiting had ceased, the pulse was found not more than 60 per minute, full and distinct.

In a few cases, in which nausea was great and the vomiting frequent, we have found the pulse very slow, small, and almost imperceptible at

* Vide formula on p. 40.

the wrist; but as soon as the vomiting and consequent exhaustion subside, the pulse will be found slow, full and distinct. The nausea or vomiting, when in excess, can be readily and certainly relieved by one or two full portions of syrup of morphine and tincture of ginger, or laudanum and brandy.

In this case, before administering the tincture of veratrum viride, the skin was hot and dry; pulse 130, small and soft; circumscribed flush on the cheeks; pain severe; breathing hurried and difficult; cough frequent; expectoration scanty. The very striking effects of the medicine, the great reduction in the frequency of the pulse, and the sudden breaking up or arrest of the disease, in this and another case, profoundly enlisted our attention, and led us from that period to observe more particularly its powers.

The second case in which we used the veratrum viride was that of Mrs. M., who was also laboring under a severe attack of pneumonia. Pulse from 130 to 140 beats per minute; pain violent, and extending from the right side, near the spine, to and under the sternum; tongue red on the edges and tip, and covered in the centre with a thin, dark, dry fur; bright scarlet circumscribed flush appearing first on one cheek, and then on the other, rarely on both at the same time; the end or tip of the nose and chin frequently red; very pale around the mouth; expectoration scanty; mucus streaked with blood; cough frequent and very harassing; great increase of pain under the sternum during a paroxysm of coughing; decubitus on the back; breathing labored and difficult. Did not see her till the fourth day: she had been bled, and otherwise treated, with little or no relief. Applied a blister, and gave a camphorated powder to allay the cough and violent pain, and to excite diaphoresis. At the expiration of three hours, to commence with the tincture of veratrum viride.

The first portion excited intense nausea, violent emesis, great paleness, coolness and a sense of sinking or of exhaustion. The patient and friends becoming alarmed, another physician who lived much nearer than myself, was sent for in great haste, but when he arrived the nausea and emesis had ceased; the patient was comfortable, pain and febrile symptoms subdued, pulse sixty-five, full and distinct. The doctor was surprised to find the condition of the patient so different from the representation of the messenger. The disease was really broken up and a crisis and resolution brought about. Our friend, the doctor, ordered a little paregoric and quinine, in which we fully concurred on our arrival, as there was entire relief of all active febrile and inflammatory symptoms.

We would here observe that notwithstanding the complete reduction of the inflammatory symptoms and pulse, the peculiar circumscribed redness on the cheek or cheeks continued for three days. In another case of pneumonia, we observed the same peculiarity, with the additional fact, that although there had been more tendency to coma or uninterrupted and deep sleep, the patient then became preternaturally wakeful, somewhat flighty and disposed to get out of bed. This continued about forty-eight hours. We do not know how to account for this continuance of the red cheeks under such circumstances. A case occurred in Georgia, in which a corpse was kept a week in consequence of the persistence of this redness.

Deeply impressed with the peculiar effects of verat. viride, we determined to make farther and conscientious trial of it in pneumonitis. The third case in which we administered it was that of Mr. T., who was taken sick when on a visit to his friend in this section of the country. We ordered the tincture given every three hours, beginning with eight drops, to be increased one drop at each dose until nausea, vomiting or some other visible effect was produced. On the dose reaching twelve drops it induced vomiting with but little nausea. The pulse was reduced from 135 to 78 beats per minute; the surface, from being hot and dry, became cool; and the severe pain was now but slightly felt on taking a deep inspiration. The interval between the doses was extended from three to five hours; but as twelve drops induced too frequent vomiting, the quantity was reduced to seven drops and continued three days without any return of the symptoms, when the case was dismissed and the patient was soon able to return home. This case was one full of interest on account of the success and promptness with which the violent symptoms were removed and the disease cured.

We might report any number of cases, but as many of them have already been given by others, we will confine ourselves to such facts only as may tend to illustrate particular points. We continued our experimental trials with various doses from three to twelve drops, increasing or diminishing them according to circumstances, until we acquired a perfect knowledge of its effects, and could graduate them at will.

We ascertained that in cases which had run on for some time or in which emetics and cathartics had been freely used, a very small quantity was necessary. Where tartar emetic has been given, it is almost sure to act harshly and drastically. Where tartar emetic had been taken, we would therefore always give a full portion of syrup of morphine, at least one hour before entering on the use of the veratrum viride, and in such cases would not commence with more than six drops for a male adult. Free venesection increases very materially its activity, especially its unfavorable or drastic effects. No one should think of following a large bleeding with the veratrum viride, unless with the greatest caution. The depressing influence of the loss of blood upon the brain and nervous system generally, cannot fail to render the use of so potent a sedative as veratrum viride exceedingly hazardous. The administration under such circumstances of an agent capable of reducing the pulse from 130 or 140 down to 75, 70, or even 50 beats in the course of a few hours, cannot be too carefully watched.—*Southern Med. and Surg. Journal.*

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*Sulphuric Acid in the Diarrhœa of Children.* By JOHN L. VANDERVOORT, M. D.—Diarrhœa, as met with in young children, especially during the heat of summer, not unfrequently proves a troublesome and intractable disease, resisting the antacid and astringent treatment so commonly resorted to. During the past summer it was unusually prevalent throughout the city, the stools being frequent, and of a mucous or watery character, accompanied by little pain, except when the intestines were distended with flatus. Failing with the remedies usually employed, I resorted to the use of sulphuric acid, as suggested by several London and

provincial physicians. It was first given in an obstinate case at Yorkville; the child was teething, and was naturally robust and healthy. For several weeks he had had more or less looseness of the bowels, with occasional slight vomiting, and discharges of mucus, tinged with blood. Strict regimen and minute doses of blue mass and opium failing to exercise more than temporary effect upon the disease, and observing that his gums had become spongy and disposed to bleed upon the slightest touch, I changed his treatment, and gave him four drops of the acid in a wineglassful of sweetened water several times a day. Seeing him again in a couple of days, I found him much improved; his discharges were less frequent; there had been no more vomiting or bleeding from the gums. The same treatment was continued for a week, when the child's health was quite restored. In several other cases of a similar character, the acid was given, and with like happy results; and within a few days an infant, which had been troubled with excessive looseness of the bowels for nearly a week, was cured by a few doses.

One very great advantage which this remedy has over those in general use, is its agreeable taste, resembling in this respect lemonade; hence it is well adapted to children whose aversion to medicine cannot readily be overcome.

In a late number of the Provincial Medical and Surgical Journal is a paper on this subject by Mr. Sheppard, in which he alludes to upwards of fifty cases of diarrhœa, many of them very severe, in which he had used the sulphuric acid; in only one instance did it fail, and in that case the chalk and astringent treatment was also unsuccessful. His experience led him to the following conclusions:—

1st. It is more *efficacious* than alkalies, opiates, and astringents, in a proportion greatly exceeding ten to one.

2d. It is *more rapid* in its action (especially in children), in proportion greatly exceeding twenty to one.

3rd. It seems to act in a more rational and (if I may so express myself) scientific manner, by increasing the *tone* of the mucous membrane of the alimentary canal, rather than by simply astringing its pores.

4th. The worse the case, the more rapid and marvellous seems to be the cure; a most striking feature, as compared with the treatment by chalk and opium.—*N. Y. Med. Times.*

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*Cases of Tape-Worm, with Remarks on Treatment.* By H. S. Patterson, M. D., Professor of Materia Medica and Therapeutics in Pennsylvania Medical College.—Case I. *Successful use of Kwosso.*—Miss W., æt. 22 years, consulted me in March, 1851, with tape-worm. She had been in failing health for several months, with headache, languor, variable appetite, nausea, and abdominal pains, but had not sought medical advice. Having taken a dose of citrate of magnesia, she observed in her discharges something peculiar, which proved to be joints of tænia solium. As I was at that time expecting some kwosso from Europe, I postponed treatment until it should arrive. Early in April it came, and was administered during my absence from the city by my friend Dr. Gilbert. He gave the dose (℥ vj.) at once, the patient having fasted from the pre-

vious day. It excited some nausea but no vomiting. It was followed, in a few hours, by a dose of castor oil, which brought away a tape-worm several yards in length, but which unfortunately was not preserved for more minute examination. There can be no doubt, however, that the entire worm was expelled, as the patient rapidly convalesced, and has been in the enjoyment of uninterrupted health since that period.

Case II. *Failure of Kwosso. Successful use of Pumpkin-seeds.*—The subject of this case was for some time under my care, in consultation with my colleague, Dr. Darrach. I can aver that he was most thoroughly put through the entire routine of tape-worm remedies, before he left Philadelphia. He tells his own story so well, that I prefer to give the following extract from a letter announcing his restoration to health. "In the early part of January, 1836, I was rather suddenly attacked with what seemed to be an alarming diarrhœa, which continued for some weeks, resisting the usual remedies. My symptoms had been peculiar for some time previous to the attack. Indeed I had all the prominent symptoms of tænia as laid down in the books; viz., dizziness; occasional false vision; variable appetite; pain in the lumbar region; pain in the knee-joint; swelling of the abdomen; hesitancy of speech; restlessness in time of sleep; unusual drowsiness during the day; varying strength, being sometimes quite strong and then again quite feeble. Somewhere about the middle of February of the same year I discharged, at a morning stool, about nine yards of the tænia. From that time onward, for six years, I was more or less under medical treatment continuously. I took vast quantities of the spts. turpentine, (once or twice two ounces at the dose,) also the male fern, calomel and jalap, and Jayne's vermifuge; and was several times under homœopathic treatment. I took also iodide of potassium, iodide of iron, decoction of pomegranate, and the 'kousso.' I discharged large quantities of the worm, but no head could be perceived. When the kousso failed, I began to despair of being cured at all, but my sister, Mrs. ———, sent me in December last two numbers of the Boston Medical and Surgical Journal, containing two several accounts of the cure of tænia by the use of pumpkin-seeds. Having previously abstained from usual food for a day, on the 10th of January last I took, at 8 o'clock in the morning, two ounces of the kernels of pumpkin-seeds pulverized with two tablespoonfuls of white sugar, and commingled with a half pint of boiling water, making a very pleasant drink for a fasting man. I kept my bed, drinking frequently of cold water, and at 9½ o'clock I took an ounce of castor oil. At 10½ I drank a cup of hot black tea, and, in about two minutes, discharged about eight yards of the tape-worm, *with the head.* O, how I wept for joy that I was again a free man, after a servitude of six sad years to this awful complaint. Since then, I feel like a new being in a new world. My life had often been a weary burden, and yet I grew fleshy and looked healthful. For months in succession I had discharged the worm daily in pieces of six to eighteen inches, and also in gourd-seed form. I suppose that, without any overestimate, I discharged during the six years of my affliction about *four hundred yards!* The remedy is very simple. Were I a practising phy-

sician I would never administer the turpentine for tape-worm; I sometimes fear that I have experienced irretrievable harm to my kidneys from using it. There is virtue in pumpkin-seeds, doctor, even if it be a *Yankee notion*."

Case III. *Successful use of Xanthoxylon Fraxineum.*—For the following curious case I am indebted to my friend Dr. Thomas J. Turner, of Port Richmond. J. R. æt. 41 years, is a workman in the chemical laboratory. In Dec., 1847, whilst a private in the British army in Ireland, he first perceived that he was afflicted with tape-worm. He states that he passed fifteen to twenty joints at almost every stool for a time, and on several occasions as much as thirty feet at once. The surgeon of his regiment treated him with Ol. Terebinth. ℥j. every other day. He also took tin-powder, male fern root, and "every other article he ever heard of." He finally abandoned the hope of a radical cure. The symptom most prominent was a sense of gnawing and beating at the epigastrium in the morning. He was obliged to eat before rising, as he otherwise became faint and "had all sorts of queer feelings." His appetite was insatiable. While at Port Richmond in the autumn of last year, he was attacked with tertian intermittent fever, for which he was recommended to take an effusion of prickly ash bark in brandy, a popular domestic remedy. He digested an ounce of the bark in a pint of brandy, and drank the whole during the apyrexia. The result was a most copious diaphoresis, as usual, and also some purgation, bringing away the entire worm. He has remained perfectly well since.

I have recorded the above cases, because of the intrinsic interest attached to each, and more especially because they serve to teach us moderation in our laudations of special remedies for tape-worm. There are many substances which, if given at the right time and in the right way, will destroy and expel the tænia solium, but there is not one of them which will not frequently disappoint the practitioner. The subject of each of the foregoing cases is vehement in praise of his or her "cure," and yet the judicious practitioner will give either of them in his next case with an abundant reservation of doubt as to the result. Similar accounts of the accidental cure of tape-worm are by no means rare. We have recently had in the medical journals a history (from the Ann. Univers. of Turin), of a case in which a shepherd, to whom valerian had been prescribed for a nervous affection, plucked and took by mistake a quantity of conium maculatum. He came very near losing his life, but fortunately recovered with the loss only of a tape-worm, which revealed the source of the nervous affection in question. The account is headed "Efficacy of Conium Maculatum in Tape-worm." Is it not true, however, that any acro-narcotic poison, given so close to the verge of life-taking, may dislodge and destroy a parasite in the bowels? I should certainly refuse to admit the conium into the list of anthelmintics on this showing. The remedies used in our cases are fortunately without danger, and may be tried safely.

As to the kwosso, the excitement that attended its introduction appears to have subsided already, and it is to be presumed that the greater

part of the 1400 pounds which the nephew of M. Rochet d'Hericourt admitted to Dr. Pereira that that gentleman had in store at Paris, still remains on hand. The first notice of this article I have met with is in the Annuaire of Bouchardat for 1841, on the authority of M. d'Abbadie, somewhat notorious in African affairs of late years. It was subsequently brought to England by Dr. C. T. Beke, and was the subject of a paper read by Dr. Hodgkin at a meeting of the British Association at York. (See London Medical Times, October 26th, 1844.) The Annuaire of Bouchardat for the same year contains a notice of an attempt at its chemical analysis by Stanislaus Martin. One of the most satisfactory accounts of it is found in a communication from M. Schimpfer, Governor of Adoa, in the Gazette Méd. de Strasbourg, (Bouchard. Ann. 1849, p. 254.) He informs us that "it never completely expels the worm, or at least that rarely happens." He also states that it is but one of the remedies relied upon in tape-worm by the Abyssinians, and he enumerates eight others. Dr. Beke (to whom I am indebted for an interesting note on the subject) informs me that the natives with whom he conversed did not rate the kwosso above several of their other remedies. An Abyssinian servant brought to London by Dr. B was treated by Dr. Hodgkin for tape-worm, first with kwosso, and *afterwards* with Ol. Terebinth. The impression of Dr. B. was that the latter was the more efficacious, though neither finally removed the worm, and the man returned to Africa showing occasional symptoms of its presence. Dr. B. states that the natives who use the article are in the habit of taking a dose every two months. He is also my authority for the orthography kwosso, as best representing the Abyssinian pronunciation.

There can be very little doubt that the recent excitement about the kwosso was, in a great measure, the result of a commercial speculation. It has subsided suddenly, and I presume that the originators of the plan have been disappointed. It is already perceived that, while the kwosso is undoubtedly an active vermifuge, it is by no means so infallible as was represented. On the whole I consider it inferior to the Oleum Terebinthinæ, which is perfectly safe when judiciously given, notwithstanding the protest of my correspondent. I have given it constantly in ℥ j. doses, or in doses of ℥ ss. with an equal quantity of Oleum Ricini, and have never seen any ill effect whatever. Should the kwosso be afforded at a reasonable price, it will probably take its place among our established means of cure, but I have no expectation of its being employed at the rate of $5 for the dose of six drachms.—*Medical Examiner.*

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## SURGERY AND SURGICAL PATHOLOGY.

*Case of Acute Prostatic Abscess.* By Prof. J. P. White.—On the 7th of September last, I visited for the first time Mr. B., a gentleman, forty-eight years of age, of sedentary habits, but of general good health. He had suffered from irritation of the urethra or neck of the bladder, during the last two years, and had been treated by a surgeon in New York, for stricture. He had been supplied with bougies, of graduated sizes, and directed to insert them occasionally to prevent contraction.

During this period he had passed a large bougie every fifteen or twenty days without difficulty, but it was always attended with great irritation and pain throughout the entire canal. The insertion of the instrument gave rise to considerable pain in the glans penis also. He had introduced one of these large bougies quite to the bladder, about a week before I saw him, which gave him more than the ordinary amount of pain at the time, and was succeeded by an unusual degree of suffering during micturition. Subsequently he had, however, travelled several hundred miles by railroad, and indulged more freely than usual in stimulating food and drinks. He had also suffered frequently from the descent of hæmorrhoidal tumors, one of which, as large as an almond, was now in an inflamed condition, attached to the posterior margin of the anus. The pulse was considerably accelerated; there was a general febrile movement with frequent micturition and tenesmus. The passage of the urine occasioned an acute burning sensation in the urethra, although external pressure did not produce pain. The urine was nearly natural in appearance, there being only a slight mucous deposit after standing.

Directed the patient to preserve the horizontal posture, applied cold to the hæmorrhoidal tumor, giving him freely of Dover's powder and morphine. He also took a teaspoonful, three or four times each day, of a mixture of spirits of nitre and the muriated tinct. of iron. Under this the fever subsided, and the acuteness of the pain was somewhat relieved for a day or two. On the 11th, however, the pains were increased in severity, and the patient found it exceedingly difficult to locate them. The whole perineal region seemed to participate in the painful sensations, though pressure upon this part did not increase it. These pains were intermitting, increased in the after part of the day, and accompanied by a sense of weight in the pelvis. Apprehensive that the symptoms were of too grave a character to be entirely accounted for by the presence of piles, and doubting the existence of any considerable contraction of the urethra, a rectal examination was insisted upon. The finger being carried well up into the rectum, immediately came in contact with a hard tumor upon the right side of the neck of the bladder. This was, doubtless, the right lobe of the prostate gland. It was exceedingly sensitive to the touch, and as large as a Madeira-nut.

Continued the horizontal position, applied a dozen leeches to the perineum, and followed with warm anodyne fomentations. Gave also laudanum or morphine, by enema, in such quantities as to moderate the sufferings of the patient. The bowels were moved every second day with castor oil, and, it should be added, that defecation was attended with severe pain.

On the following day Dr. Austin Flint saw the patient, in consultation with myself, and concurred in the diagnosis and in the treatment which was being pursued. Continued the discutient treatment until it became evident by a repetition of the rectal examination that suppuration had commenced.

On the 17th, in order to verify the diagnosis, in the presence of Prof. Flint, carried an exploring canula and needle up beside the finger, and

pushed it into the soft tumor, upon which the finger rested. A few drops of well-digested pus immediately followed the withdrawal of the stilet, and demonstrated the nature of its contents. The tenseness of the tumor was diminished and the pain became less severe, after this slight discharge of matter.

On the following day, September 18th, after evacuating the bowels, a small, long trochar was carried up upon the finger, and after placing it in contact with the sac, the stilet was thrust through its parietes, when it was immediately withdrawn and the canula pushed forward into its cavity. There now escaped something less than a gill of pure pus through the instrument, when a syringe was nicely fitted to the outer extremity, and suction applied, in order to effect its complete evacuation. The soft tumor immediately collapsed, and great relief to all the urgent symptoms followed. The bowels were left unmoved for several days, in order, if possible, to permit adhesion between the parietes of the abscess, and prevent the continued formation of pus and a fistulous opening into the rectum. The patient improved rapidly without the discharge of any more purulent matter, and an examination one month after the operation, enables me to detect the prostate somewhat enlarged, but not painful on pressure, and no trace of the orifice through which the pus was withdrawn to be detected. He has resumed his ordinary pursuits, and has less pain and fewer of the symptoms which he attributed to stricture, than have been present at any time during the last two years. It may be added that he is, however, under treatment for the discussion of the chronic or senile enlargement which I believe gave rise to the symptoms attributed to stricture, and which, I doubt not, is diminished by the suppuration which has just terminated.

This acute form of disease in the prostate is rare, and, so far as my reading extends, the course to be pursued when matter is formed, not well established. I am not aware that the method pursued in this instance has ever before been resorted to.—*Buffalo Med. Jour.*

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*Case of total removal of both Radius and Ulna.* By Dr. Compton. Reported by A. Thibaut.—Thomas Harris, æt 15, admitted during the month of February, for a lacerated wound of scalp and ear; fracture of inferior maxillary and humerus; compound comminuted fracture of radius and ulna.

These injuries were received on board the English ship Manchester. It appears that the boy was sleeping on the anchor chain; and that the anchor was suddenly let down; in its progress, the chain caught the arm and produced the injuries above mentioned. When the boy was admitted, the wounds had been dressed for several days, and from want of proper attendance and care, were in a very filthy condition. The arm, especially, was in a sloughing state, and both radius and ulna were actually shattered to pieces, and protruding several inches out of the mass of muscles.

By the 18th of April, the boy being well of all the other injuries, Dr. Compton determined to remove both the radius and ulna. He made a straight incision the whole length of the inner side of the radius,

and a counter-opening opposite the olecranon process. Having dissected out both bones carefully and disarticulated them at the elbow, he removed them entire with the exception of a portion of the lower end of the radius. A great portion of the periosteum was detached from the bones, and left in the wound. The usual treatment for such operations was then followed and the patient improved rapidly, and the wound had nearly healed, when several abscesses formed on the fore-arm. These abscesses were, according to Dr. C.'s opinion, produced by pieces of bones which had been left in the arm. His opinion was well grounded, for several spicula of bone came out of the wound, and the arm immediately assumed a healthy condition, and is now well. The arm is about two or three inches shorter than the other and is perfectly firm. It remains at a right angle to the humerus, and can be flexed and extended so that the hand moves through 8 or 10 degrees of an arc of a circle. He has entire use of the hand, he can both open and shut it, and he grasps objects quite firmly.

The pulse in that arm can be felt as well as in the other.—*New Orleans Med. Register.*

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### MIDWIFERY AND DISEASES OF FEMALES.

*Cæsarean Section performed after death of the Mother—Recovery of the Child.* By F. R. Owens, M. D.—August 28th, about 1 o'clock, P. M., I was called to visit Mrs. Q.; 32 years of age; has been married seven years, and has borne three children. Her first pregnancy terminated in a miscarriage at four months. Has had phthisis for the last twelve months, and been gradually sinking.

When I arrived, the friends stated that she had been dead some minutes, and they were anxious about the child. She had been attacked with a severe fit of vomiting, which terminated in large gushes of blood in quick succession, till it had filled a large chamberpot, and she sunk exhausted in a shorter time than it takes to relate it. I felt her wrist and heart, and held a glass to her mouth, but no evidence of vitality existed. She was in the last month of pregnancy, and some woman present had felt the child moving. I hurried to my office for instruments, and when I returned and found no change, I immediately performed the Cæsarean section through the linea alba, and extracted from the uterus a male child of eight months, and apparently lifeless. I put it immediately into warm water, inflated the lungs, applied stimulants to the nose, &c., &c. About fifteen minutes after the operation, pulsation commenced, which extended along the cord about eight inches from the abdomen, very feeble at first, but gradually gaining force, and inspiring hope and encouragement to continue our efforts to increase the little life it had. After an hour's persevering efforts, it gasped once, then again, and a few minutes after the heaving of the little chest denoted the perfect establishment of the respiratory function. I had it wrapped up warm in cotton wool and flannel, and kept near the fire. About three hours after the operation, it began to cry pretty strongly. It is now seven weeks old; it nurses and feeds well, and is thriving

fast. It weighed five pounds when born, and now weighs eight and a half pounds. No post-mortem of the mother could be obtained. *Boston Med. and Surg. Jour.*

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*Sudden Rupture of an Ovarian Tumor—Peritonitis—Recovery.* By Prof. L. A. Dugas, of Ga. Mrs. D., aged about 42, the mother of thirteen children, had always enjoyed good health until the birth of her last child in March, 1851. Her delivery, although natural, was followed by considerable hemorrhage, and she has ever since felt a fixed pain or soreness in the left iliac region. At the end of a few months a distinct tumor could be perceived by pressing firmly over the painful region, and this gradually acquired a volume equal to that of a fœtal head. When turning over in bed upon the right side, a sense of dragging would always be experienced to so unpleasant a degree as to prevent her sleeping upon that side. The left lower limb would sometimes be swollen, and often feel benumbed. Sitting upon a very low seat became so uncomfortable, from the pressure of the thighs upon the abdomen, (the patient being corpulent,) that the night-glass for ordinary use was placed in a chair of usual height.

Such was the state of the patient when, on the 5th January last (1852), she was taken with uterine hemorrhage. She was in the habit of menstruating during lactation, and had done so ever since her last confinement, with the exception of the two last periods, which induced the belief that she was now two months pregnant, and was about to miscarry. The hemorrhage did not yield to ordinary means, but rapidly increased and became attended with uterine contractions. Ergot was now freely administered—a mole or false conception was expelled; but the loss of blood continued so excessive that fatal exhaustion appeared inevitable. A tampon was introduced and the ergot continued, which arrested the flow, but she remained pulseless, with often recurring syncope, and a cold sweat during ten or twelve hours, notwithstanding the additional free administration of brandy. The hemorrhage was effectually stayed, and did not return upon the removal of the tampon.

The patient recovered very slowly; the anemia continued very great, and the painful annoyance in the iliac region increased. At the end of a month she was still unable to walk about the house without fatigue, and on the 4th of February was carried down stairs to a room below for a change of scene. General debility and distressing tenderness in the region of the left ovary were now the prominent features of the case. On returning to her bed-chamber in the afternoon of the 4th of February, she inadverently sat upon a night-glass to urinate, instead of using the chair, as heretofore. As she did so, she suddenly felt a most excruciating pain throughout the entire abdomen, swooned, and fell upon the floor. On recovering, she attributed her suffering to intense cramp colic, and said she felt as if all her intestines were violently constricted or "drawn up." There was no discharge per vaginam. Enemata and warm fomentations were resorted to, and the bowels were evacuated, but without the least relief. I saw her about two hours after the accident: she had not yet been able to have her

garments taken off to get into bed, but was lying upon a couch. She felt a "burning, drawing pain" throughout the entire abdomen, which was exceedingly tender to the touch, but not at all tense. Her pulse was frequent, and her respiration short and thoracic. She had thrown up the contents of the stomach, but felt thirsty. The tumor could no longer be recognized by the touch. She thought she had bruised it with her thighs, in sitting upon the vessel to urinate. The fact was evident, that she had not only bruised, but actually ruptured the tumor, and that its contents had actually escaped into the abdominal cavity, inducing peritonitis, which, in her enfeebled condition, could not be otherwise than extremely dangerous. 40 drops of laudanum were immediately administered, and a large blistering plaster applied over the abdomen: the laudanum to be repeated in two hours, unless relieved.

5th Feb. The blister is well drawn; the tr. opii had to be repeated in the course of the night, and again this morning. Abdomen still very sore and somewhat full; pulse small and very frequent; surface hot and dry; eructations and occasional vomiting; great thirst; breathing short and thoracic; coughing very painful. Ordered, the lateral surfaces of the abdomen, or flanks, to be covered with blistering plasters, and the anodyne to be repeated as often as necessary to mitigate the intensity of the soreness. Bicarb. soda and lime water, alternately, in small quantities of cold water, for beverage.

6th. Local symptoms about the same, with the exception of a little increase in the volume of the abdomen. General state, better. Continue same treatment.

7th. Abdominal tenderness less marked: passed a comfortable night; nausea relieved; pulse not so frequent. Continue same beverage—take a little chicken broth occasionally.

12th. The peritoneal inflammation gradually subsided, but the abdomen is still tumid. No fever—patient convalescent.

May 1st. Mrs. D. is now in her usual health, but still feels a soreness in the iliac region. No tumor can now be detected. She has menstruated regularly at each period since the attack of hemorrhage, with the exception of that which came on at the time of the rupture.

It will be observed that the details of this case are given with considerable minuteness, This was necessary, in order to convey a correct idea of its nature, and to show the reader the grounds upon which the diagnosis was established. One cannot be too minute in describing cases of such rare occurrence as one in which an ovarian tumor has been ruptured by violence and emptied into the abdominal cavity, without causing death. *South. Med. and Surg. Jour.*

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*Case of Spontaneous Evolution.* By F. K. Baily, M. D., of Almont, Michigan.—On the 20th January, 1843, I was called to visit Mrs. D——, aged about 40, and the mother of several children. Found that she had been in labor several hours. On examination, found that the left hand and arm had passed so low, that the shoulder could easily be felt. The os uteri was dilated to a considerable extent, and each contraction pressed so hard as to push the hand almost without the os externum.

The whole extremity was so swollen as to fill the vagina, rendering it impossible to pass my hand into the uterus, in order to bring down the feet.

The woman was considerably exhausted, and very much agitated withal. I immediately gave her a full dose of opium, and during each pain pressed as hard as was practicable against the arm. Proceeding in this manner during a dozen or more pains, the shoulder began to recede a little, carrying the arm higher up in the vagina. Encouraged by such appearances, I persevered for nearly half an hour more, when to my joy the arm and hand suddenly went beyond reach. In a short time the feet presented, and the labor was soon finished. The child appeared as though it had been dead some time; it was full grown, weighing over seven pounds.

Cases like the above are rare, this being the only one that has occurred in this region to my knowledge. The rationale of the result in this case may be stated as follows: Each pain tended to push the shoulder into the vagina; after it had advanced to a certain limit no further progress would be made; pressure upward upon the shoulder prevented any advancement, and the contraction of the fundus would push the feet down, and also give a rotary motion to the whole body. After the body of the child had turned to a certain extent, the presenting shoulder and arm would be drawn back into the womb. The action of the fundus was the same as that of one hand of the obstetrician pulling down the feet, while the other pushed upward against the presenting shoulder.—*North-Western Med. and Surg. Jour.*

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*On the Use of Chloroform as an Emmenagogue.* By D. H. Gibson, M. D., Fort Towson, Choctaw Nation.—Having nowhere seen, in the course of my professional reading, any allusions made to the use of chloroform, as an emmenagogue, I am induced to submit the following facts for publication, partly from a desire that relief may be afforded to the suffering, and partly from a sense of professional duty.

Cases 1 and 2.—Occurring in the same person. In October last, Mrs. W——, having a violent headache, to obtain relief, resorted to the inhalation of chloroform. Within an hour after the inhalation (which was but a few seconds) she was flowing freely, and continued thus for *four days*. There was no irregularity of the function of menstruation in the succeeding month (November), but another attack of headache supervening, she again had recourse to the chloroform, and in a half hour the menstrual secretion made its appearance, the discharge continuing for *five* days. In both instances, the chloroform was inhaled about ten days after the subsidence of her regular periods. Since the last inhalation, she has menstruated at her usual period. Mrs. W—— is slightly inclined to plethora, general health usually good, aged thirty-five years.

Case 3.—In the absence of Mrs. W—— from home, her servant girl, having got hold of the chloroform, imitated Mrs. W.'s example. A like result was produced upon the girl, who menstruated for four days. The girl is very healthy, and about thirty years of age. The inhalation

was never renewed by her. In this case the chloroform was inhaled two weeks prior to her usual period, at which time she again menstruated. Since then she has menstruated regularly.

Case 4.—Miss ——, aged 19—general health excellent—no deviation having ever taken place since her first menstrual period, was, during a visit to Mrs. ——, induced to inhale chloroform, through curiosity to experience the sensation produced by it. In a half hour the menstrual fluid made its appearance, and the flow continued for four days. The inhalation in this instance was ten days antecedent to the regular period, with which it did not interfere. Mrs. W——, my informant in regard to the foregoing cases, is an intelligent and reliable lady.

Case 5.—Came under my immediate observation. Was called to see Mrs. H——, found her suffering much from suppressed menstruation. To relieve urgent pain, ordered hot hip-bath, from which the patient experienced much relief. Waited three hours after the use of the bath, without recourse to any other means, having decided, as this was an opportune case, to exhibit the chloroform, which was done for *thirty* seconds. In *twenty* minutes after its administration, the patient was flowing freely, and continued to do so for three days. Patient is of a weakly constitution, the result of much hardship. Age of the patient about forty years. This case is the more remarkable from the fact that the patient has not menstruated for more than *eight* months.

The suppression was induced by causes not deemed necessary to relate at present. Prior to the suppression, she had been very regular for many years. Pregnancy has nothing to do with the case, as the patient is not at this time, nor for many years past has she been in that condition.

I regret that I have not a greater number of cases to submit for the consideration of the profession. But as a young practitioner, I am desirous that more experienced physicians should give the chloroform a trial, in order more fully, than my position would allow, to test its value as an emmenagogue; and diffident of my ability to account *correctly* for the "modus operandi" of the chloroform in the above cases, I shall without comment submit them to those who have better opportunities for investigation.—*Medical Examiner.*

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### MISCELLANEA.

*Tincture of Veratrum Viride.* Dr. Norwood's formula for making this tincture is as follows:

℞.—Rad. Veratri Viridi, dried . . ℥viii.
Alcohol . . . . . ℥xvi.
Digest at least for two weeks.

Of this preparation he gives as follows; to an adult male, eight drops every three hours, increasing the dose one or two drops every portion until the pulse is reduced to 65 or 70 or till nausea or vomiting ensue. Females and lads from fourteen to eighteen begin with six drops and

increase as above. Children from one to five years of age, from one to two drops, and increase one drop only. When the pulse is reduced as low as wished, or nausea or vomiting ensue reduce the dose to one half, in all cases. The medicine should be continued so long as necessary to prevent a return of symptoms.

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*Binocular Microscope.* By Prof. J. L. Riddell.—At a meeting of the Physico-Medical Society of New Orleans, on Saturday evening, 2d October, Prof. J. L. Riddell called the attention of the Society to an instrument of his own invention and manufacture, which promises to be of incalculable advantage in microscopic researches, especially in the prosecution of microscopic anatomy and physiology.

He remarked that he last year contrived, and had lately constructed and used, a combination of glass prisms, to render both eyes serviceable in microscopic observation. The plan is essentially as follows: Behind the objective, and as near thereto as practicable, the light is equally divided, and bent at right angles and made to travel in opposite directions, by means of two rectangular prisms, which are in contact by their edges, that are somewhat ground away. The reflected rays are received at a proper distance for binocular vision upon two other rectangular prisms, and again bent at right angles, being thus either completely inverted, for an inverted microscope, or restored to their original direction. These outer prisms may be cemented to the inner, by means of Canada balsam; or left free to admit of adjustment to suit different observers. Prisms of other form, with due arrangement, may be substituted.

This method proves, according to Prof. Riddell's testimony, equally applicable to every grade of good lenses, from Spencer's best sixteenth, to a common three-inch magnifier, with or without oculars or erecting eye-pieces, and with a great enhancement of penetrating and defining power. It gives the observer perfectly correct views, in length, breadth, and *depth*, whatever power he may employ; objects are seen holding their true relative positions, and wearing their real shapes. In looking at solid bodies, however, depressions sometimes appear as elevations, and *vice versa*, forming a curious illusion; for instance, a metal spherule may appear like a glass ball silvered on the under side, and the margin of a wafer may seem so ascend from the wafer into the air.

With this instrument the microscopic dissecting-knife can be exactly guided. The watchmaker and artist can work under the binocular eye-glass with certainty and satisfaction. In looking at microscopic animal tissues, the single eye may perhaps behold a confused amorphous or nebulous mass, which the pair of eyes instantly shape into delicate superimposed membranes, with intervening spaces, the thickness of which can be correctly estimated. Blood corpuscles, usually seen as flat disks, loom out as oblate spheroids. Prof R. asserted, in short, that the whole microscopic world could thus be exhibited in a new light, acquiring a tenfold greater interest, displaying in every phase a perfection of beauty and symmetry indescribable.—*New Orleans Monthly Medical Register.*

*Biography of* Dr. J. Kearny Rodgers.—This memoir of the late

Dr. Rodgers, was prepared by his friend Dr. Edward Delafield, and read before the Academy of Medicine of this city, Oct. 6th, 1852, and is published under its authority. We took occasion soon after the death of Dr. Rodgers to notice some of the leading points in his history, but without exceeding the limits of a simple obituary. The biography before us equals in all respects our anticipations. By his long intimacy and association with the distinguished subject of this memoir, Dr. Delafield was eminently qualified for the task which the Academy imposed upon him. He has discharged it with credit to himself and honor to the body of which he is a valued member.

*National Pharmaceutical Convention.*—We have been favored with the published proceedings of this Convention held at Philadelphia, Oct. 6th, 1852. This Convention, which originated primarily with the New-York College of Pharmacy, was designed to consider important questions bearing on the profession, and adopt measures for the organization of a National Association. The organization was effected, by the adoption of a Constitution and Code of Ethics. Interesting letters were received from the Drug Inspectors of the ports of Boston and New-York. This association of druggists and pharmaceutists cannot fail to be of great and permanent benefit.

*Mortality from Yellow Fever in Charleston.*—During the last three years, (from 1849 to 1852,) Charleston enjoyed a complete exemption from this disease, which Copland has not inappropriately styled the "hæmagastric pestilence." On the 8th of last August, the wife of the master of a barque, recently arrived from Boston, lying at the foot of Queen-street, was attacked by yellow fever. A physician was called to see her on the 12th; on the 13th she threw up the black vomit, and continued to do so until the 16th, when she died. The next death reported occurred on the 30th of the same month, an interval of a fortnight between the two. From this time, the cases became more numerous, and the epidemic reached its acme about the middle of October. The following table, politely furnished by the City Registrar, Dr. J. L. Dawson, exhibits the weekly mortality from the fever:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| From | 29th | August | to | 4th | September, | 16 | deaths. |
| " | 5th | September | " | 11th | " | 12 | " |
| " | 12th | " | " | 18th | " | 21 | " |
| " | 19th | " | " | 25th | " | 43 | " |
| " | 26th | " | " | 2d | October, | 41 | " |
| " | 3d | October | " | 9th | " | 41 | " |
| " | 10th | " | " | 16th | " | 45 | " |
| " | 17th | " | " | 23d | " | 45 | " |
| " | 24th | " | " | 30th | " | 15 | " |
| | | | | | | 279 | |

Add to this number the death first reported, and we have a total of 280 deaths to the 1st November. At this time (Nov. 1st) the epidemic may be considered as having ceased, only a few sporadic cases occurring.

As this epidemic is thought by many to be more severe than that of 1838 (the year of the great fire), we take occasion to say that the statistics of deaths prove it to be both absolutely and comparatively less so.

In 1838, when the limits of the city proper extended only to Calhoun-street, there were 353 deaths. In 1850, the annexation of the "Neck," or suburb to the city, took place, by which upwards of 12,000 inhabitants were added to the city; and the deaths this year (1852), with a much larger unacclimated population, will not have amounted to more than 295 or 300.

The Irish appeared to be intensely susceptible, the disease being, for the most part, confined to that portion of the population. A certain proportion of newly-arrived Northerners and foreigners generally were, however, attacked. Among the seamen, between 350 and 400 of whom were in port, only 37 clearly marked cases, so far as we know, occurred. The mortality was high, the proportion being, as far as can at present be ascertained, about 1 in 3½ or 4. We have reason to believe that a much larger proportion of recoveries, after black vomit, have taken place in this, than in any previous epidemic by which Charleston has been visited.

It is not our intention to advance any speculations relative to the causation of the fever during the past season, inasmuch as it would be, if not unprofitable, inappropriate. We shall only remark, in this connection, that although the thermometer did not range unusually high, yet the atmosphere, being surcharged with moisture by reason of the abundant rains throughout the summer, proved to be very relaxing and depressing to the systems of those exposed to its influence.

Medical opinions being conflicting and unsettled, with respect to the number of fevers that have prevailed simultaneously, we shall not undertake to decide the question, but shall only observe that *we* recognize four forms: 1st. Yellow fever proper; 2d. Ephemeral or catarrho-bilious, a parasite of the former; 3d. Dengue, characterized by eruption; 4th. Common periodical fever (bilious remittent and intermittent, the former preponderating).—*Charleston Med. Jour.*

*New-York Hospital.*—The Address of the Governors of the New-York Hospital to their fellow-citizens, is before us. It is a pamphlet issued by the Governors of the Hospital, appealing for aid in the erection of another hospital building on the grounds belonging to this corporation. The great value of this hospital to the City, and the importance of additional accommodations for the sick, to meet the daily increasing wants of this unfortunate class, make strong, and, we are glad to learn, effective appeals to the wealthy and benevolent of our city.

*Impure Chloroform.*—Dr. Charles T. Jackson, of Boston, has published in a late No. of the *Boston Medical and Surgical Journal*, his supposed discovery of the cause of death from the inhalation of Chloroform. He attributes it to the use of an article rendered poisonous by the presence of *fusel oil*, derived from the whiskey from which chloroform has been made in many cases. When manufactured from *pure* alcohol, no such result has followed; and as sulphuric ether is always made from strong rectified alcohol, there is less danger of its containing fusel oil, and hence it is a more safe anæsthetic.

Fusel oil has been recently introduced into use in Boston, by Dr. Wyman, in the treatment of tubercular diseases.—*Western Lancet.*

Dr. TULLY'S *Materia Medica and Therapeutics.*—The first number of this work is now before us. It is gotten up in a good style of typography, and on excellent paper. The text is written in a vigorous and masterly style, and we feel confident will prove worthy of the author's previous reputation, while it will greatly increase the domain of practical medicine. We hope Drs. Church and Seeger, the publishers, will receive substantial encouragement.

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## OBITUARY.

DEATH OF PROF. D. DRAKE.—At his residence in Cincinnati on the. the 5th of Nov. last, in the 68th year of his age, of cerebral disease. "Professor Drake had been subject for a number of years to attacks of cerebral congestion, which he ascribed to malarious origin. His last illness commenced as an ordinary attack of influenza, which had been prevailing in this city for a number of weeks; and following this his cerebral disease supervened, with more than usual violence. He had also been exposed to the atmosphere of typhus and typhoid fever, which it is believed, contaminated his system. Like physicians generally, he was too much inclined to prescribe for himself, and with a mind somewhat out of equilibrium, from the cerebral disease, he occupied the most precious time, and perhaps the curable period of his disease (if such existed), without the counsel of a medical friend. Soon it was perceived that his system was becoming rapidly prostrated, and his own perception taught him that death was near at hand. The cerebral congestion rapidly increased, and for a period of twenty hours prior to death, he was profoundly comatose. Death released this great man from his earthly pilgrimage, on Friday evening, at five minutes before six P. M.

"We have never known so many tokens of respect bestowed on any member of our profession, as has been manifested in relation to the deceased. All of the medical bodies of the city, together with those of Covington, the University of Louisville, and our citizens generally, held meetings, and passed appropriate resolutions expressive of their regard for the illustrious deceased." Such is the account given by one of our contemporaries (*Western Lancet*), of the last hours, and the respect shown America's illustrious physician, philosopher and citizen Dr. Daniel Drake. On a future occasion we shall give our readers a biography of the distinguished author of "*A Systematic Treatise, Historical and Etiological and Practical, on the Principal Diseases of the Interior Valley of North America.*"

DEATH OF DR. J. COWDERY, at Norfolk, Va., on the 20th of November last, in the 86th year of his age. Dr. Cowdery was at the time of his death senior Surgeon in the United States Navy, and was probably the oldest officer in the navy. He was a native of Sandisfield, Massachusetts, where he was born on the 22d of April, 1767. He entered the United States navy as Assistant Surgeon, Jan. 1st, 1800. In the discharge of his duties he served under Decatur, Barron, Bainbridge, and Preble. In 1804, he was promoted to the rank of Surgeon, and was ordered to the station at Norfolk, Virginia, where he remained until death.

## TO READERS AND CORRESPONDENTS.

☞ The attention of the Subscribers to this work is again called to the notice issued in our last number. The books of accounts with the late proprietor, must be *forthwith closed*, and it therefore becomes *absolutely necessary that all who are in arrears, should remit the amounts of their indebtedness with the least possible delay.*

☞ To all who pay in advance, the Journal is sent free of postage.

The following works have been received.

*Letters on Syphilis: addressed to the Chief Editor of the Union Médicale.* By Ph. Ricord, Chirurgien de l'Hôpital du Midi, &c., &c. With an Introduction, by Amédée Latour, Rédacteur en Chef de l'Union Médicale; &c. Translated by W. P. Lattimore, M. D. Philadelphia: A Hart, late Carey & Hart, 1852. 8vo. pp. 270. (From the Publisher.)

*A System of Practical Surgery.* By William Fergusson, F. R. S., Professor of Surgery in King's College, London; Surgeon to King's College Hospital; and Surgeon to H. R. H. Prince Albert. Fourth American, from the third and enlarged London edition. With three hundred and ninety three illustrations. Philadelphia: Blanchard & Lea. 1853. 8vo., pp. (From the Publishers.)

*What to observe at the Bedside, and after Death, in Medical Cases.* Published under the authority of the London Medical Society of Observation. Philadelphia: Blanchard & Lea. 1853. 12mo. (From the Publishers.)

*Transactions of the Medical Association of Southern Central New-York,* at the Annual Meeting held at Owego, June, 1852. Auburn: Printed for the Association by H. Oliphant.

*Transactions of the American Medical Association, Instituted* 1847. Vol. V. Philadelphia: Printed for the Association. 1852. 8vo. pp. 939. (From the Publishing Committee of the Association.)

*Tenth Report to the Legislature of Massachusetts, relating to the Registry Returns of Births, Marriages, and Deaths, in the Commonwealth, for the year ending December* 31*st*, 1851. By Amasa Walker, Secretary of the Commonwealth. Boston, 1852. 8vo. pp. 116. (From the Author, Dr. J. Curtis.)

*Prize Essay: On Variations of Pitch in Percussion and Respiratory Sound, and their Application to Physical Diagnosis.* By Austin Flint, M. D., Reprinted from the Transactions of the American Medical Association. Buffalo, 1852. 8vo. pp, 47. (From the Author.)

*Hand-Books of Natural Philosophy and Astronomy.* By Dionysius Lardner, D. C. L., formerly Professor of Natural Philosophy and Astronomy in

University College, London. *Second Course*:—Heat—Magnetism—Common Electricity—Voltaic Electricity. Illustrated by upwards of two hundred engravings on wood, pp. 451. Philadelphia: Blanchard & Lea, 1851.

Dr. Lardner has long occupied a distinguished position abroad as a popular lecturer on scientific subjects, especially Astronomy, and is widely and favorably known in this country by the publication and extensive circulation of these Lectures. The design and execution of the present work is good, and worthy of a wide circulation.

*A Treatise on the Constitutional Effects and Treatment of Uterine Displacement.* By WILLIAM EDWARD COALE, M. D., Member of the Boston Society for Medical Improvement, etc., etc. Boston, 1852. 8vo., pp. 52. (From the Author.)

*Materia Medica, or Pharmacology and Therapeutics.* By WILLIAM TULLY, M. D. Vol. I., Nos. 2 & 3. Springfield, Mass: Jefferson Church, M. D. 1853. (From the Publisher.)

The following Journals have been received in exchange:

*The American Journal of the Medical Sciences;* edited by ISAAC HAYS, M. D.; for Jan. (Quarterly. Philadelphia.)

*The American Journal of Insanity;* edited by the officers of the N. Y. State Lunatic Asylum; for Jan. (Quarterly. Utica.)

*The American Journal of Pharmacy;* edited by JOSEPH PARRISH, M. D., and WM. PROCTOR, M. D.; for Jan. (Quarterly. Philadelphia.)

*The New Jersey Medical Reporter, and Transactions of the New Jersey Medical Society;* edited by JOSEPH PARRISH, M. D.; for Jan. and Feb. (Monthly. Burlington.)

*The Medical Examiner and Record of Medical Science;* edited by F. G. SMITH, M. D., and JOHN B. BIDDLE, M. D.; for Jan. and Feb. (Monthly. Philadelphia.)

*The Charleston Medical Journal and Review;* edited by D. J. CAIN, M. D., and F. P. PORCHER, M. D.; for Jan. (Bi-monthly. Charleston.)

*The New-Orleans Medical and Surgical Journal, devoted to Medicine and the Collateral Sciences;* edited by A. HESTER, M. D.; for Jan. (Bi-monthly. New-Orleans.)

*Southern Medical and Surgical Journal;* edited by L. A. DUGAS, M. D.; for Jan. and Feb. (Monthly. Augusta.)

*Buffalo Medical Journal and Monthly Review of Medical and Surgical Science;* edited by AUSTIN FLINT, M. D.; for Jan. and Feb. (Monthly. Buffalo.)

*The North-Western Medical and Surgical Journal;* edited by W. B. HERRICK, M. D., and H. A. JOHNSON, M. D.; for Jan. (Monthly. Chicago and Indianapolis.)

*Transylvania Medical Journal;* edited by L. J. FRAZEE, M. D.; for Jan. and Feb. (Semi-monthly. Lexington.)

*The Western Lancet and Hospital Reporter;* edited by L. Lawson, M. D. and George Mendenhall, M. D.; for Jan. (Monthly. Cincinnati.)

*The New-York Medical Times;* edited by H. D. Bulkly, M. D.; for Jan. and Feb. (Monthly. New-York.)

*The New-York Medical Gazette;* edited by D. M. Reese, M. D.; for Jan. and Feb. (Semi-monthly. New-York.)

*The Boston Medical and Surgical Journal;* edited by J. V. C. Smith, M. D.; Jan. and Feb. numbers received. (Weekly. Boston.)

*The Western Journal of Medicine and Surgery;* edited by L. P. Yandell, M. D., and T. S. Bell, M. D.; for Jan. and Feb. (Monthly. Louisville.)

*The Ohio Medical and Surgical Journal;* edited by Richard L. Howard, M. D.; for Nov. (Bi-monthly. Columbus.)

*The Stethescope and Virginia Medical Gazette;* edited by P. Claiborne Gooch, M. D.; for Jan. and Feb. (Monthly. Richmond, Va.)

*Nashville Journal of Medicine and Surgery;* edited by W. K. Bowling, M. D., and Paul F. Eve, M. D.; for Jan. and Feb. (Bi-monthly. Nashville, Tenn.)

*The New-Orleans Monthly Medical Register;* edited by A. Forster Axson, M. D.; for Jan. (Monthly. N. O.)

*Nelson's Northern Lancet and American Journal of Medical Jurisprudence.* edited by Horace Nelson, M. D.; for Jan. and Feb. (Monthly. Plattsburgh, N. Y.)

*The New Hampshire Journal of Medicine;* edited by Edward H. Parker, A. M., M. D.; for Jan. and Feb. (Monthly. Concord, N. H.)

*New-York Journal of Pharmacy;* edited by Ben. W. McCready, M. D. No number received since July last. (Monthly. New-York.)

*The Western Medico-Chirurgical Journal;* edited by J. F. Sandford, M. D.; for Dec. and Jan. (Monthly. Keokuk, Iowa)

*New-Yorker Medicinische Monatsschrift;* Herausgegeben und Redigirt, von Dr. J. Herzka, Dr. E. Krackowizer and W. Roth in New-York; for Nov. (Monthly. New-York.)

*The East Tennessee Record of Medicine and Surgery;* edited by Frank A. Ramsey, M. D.; for Oct. (Quarterly. Knoxville, Tenn.)

*The Southern Journal of the Medical and Physical Science;* edited by Drs. J. W. King, W. P. Wood, R. C. Currey, and B. Wood; for Jan. (Bi-monthly. Nashville, Tenn).

*The Journal of Psychological Medicine and Mental Pathology;* edited by Forbes Winslow, M. D.; for Oct. (Quarterly. London.)

*Dublin Quarterly Journal of Medical Science;* edited by ———; for Aug. (Quarterly. Dublin, Ireland.)

*Dublin Medical Press;* edited by ——; for Aug. and Sept. (Weekly, Dublin.)

*Canada Medical Journal;* edited by R. L. McDonald, M. D., and A. H. David, M. D.; for Sept. and Oct. (Monthly. Montreal.)

*The Upper Canada Journal of Medical, Surgical, and Physical Science;* editedby ——; for Dec. and Jan. (Monthly. Toronto.)

*Association Medical Journal;* edited by John Rose Cormack, M. D.; for Jan. (Weekly, London.)

*Monthly Journal of Medical Science;* edited by Wm. Robertson, M. D.; for Dec. and Jan. (Monthly. Edinburgh.)

*The British and Foreign Medico-Chirurgical Review* for Jan. (Quarterly. (New-York Edition.)

*The Retrospect of Medicine;* edited by W. Braithwaite; for Dec. (Half-Yearly. London.)

*The Half-yearly Abstract of the Medical Sciences;* edited by W. H. Ranking, M. D.; for Dec. (Half-yearly. London and Philadelphia Edition.)

*Journal des Connaissances, Medico-Chirurgicales;* par D. A. Martin Lauzer, for Dec. and Jan. (Semi-monthly, Paris.)

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☞ Communications intended for publication, and Books for Review, should be sent, *free of expense*, directed to Drs. Purple and Smith, Editors of the New-York Journal of Medicine, 183 Hudson-street, *New-York*. Persons at a distance may direct parcels, or exchanges, *paid* as above, under cover, to M. J. B. Bailliere, Rue Hautefeuille, *Paris;* or H. Bailliere, 219 Regent-street, *London;* or Lindsay & Blakiston, *Philadelphia;* or Wm. B. Ticknor & Co., *Boston*. The attention of Correspondents is respectfully requested to the above, as the Publishers are frequently subjected to unnecessary expense for postage and carriage.

All remittances of money and letters on the *business* of the Journal, should be directed to the Proprietors.

☞ Particular attention is requested to the above, as parcels, communications and exchanges have failed to reach us, owing to inadvertence or want of attention to these notices.

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